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Vol. VIII.

MARCH, 1867.

No. 1.

ATLANTA

Medical and Surgical

JOURNAL.

NEW SERIES.

EDITED BY

J. G. WESTMORELAND, M. D.,

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

W. F. WESTMORELAND, M. D.,

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

J. M. JOHNSON, M. D.

*Pax et scientia, sed veritas sine timore.*

PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE

ATLANTA, GA.:

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.

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ATLANTA MEDICAL

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ATLANTA

# Medical and Surgical Journal.

NEW SERIES. 1887b

VOL. VIII.

MARCH, 1887.

No. 1.

## ORIGINAL COMMUNICATIONS.

### ARTICLE I.

*Dislocation of the Symphysis Pubis during Pregnancy and Parturition.* By D. C. O'KEEFE, M. D., Prof. of Principles and Practice of Medicine, Atlanta Medical College.

The occurrence of this difficulty, in connection with and dependent upon utero-gestation, is more frequent than would be imagined without an investigation of the subject. We do not claim with Ambrose Pare, Sigault, Chaussière, and others, that separation of the pubic bones at their symphysis, occurs as a normal process during labour, thereby increasing the antero-posterior diameter of the brim of the pelvis; but that a certain amount of softening and relaxation of the structures of the pelvic joints, producing more or less difficulty of locomotion and other movements of the body, takes place as a physiological result of the new and peculiar action set up in the system of the human female by pregnancy, seems to be well established. Distinguished authorities, a few centuries ago, maintained that a separation of the ossa pubis spontaneously occurred in difficult labors, and this induced Sigault, while yet a medical student, in 1768, to conceive the idea, and apply it practically, of substituting section of the symphysis for the formidable Cæsarian operation.



This procedure excited great enthusiasm at the time of its promulgation, and secured the sanction of the Faculty of Medicine of Paris; a medal and pension were awarded to M. Sigault, based upon partial success in one case, and his patient was also granted a pension. Symphyseotomy, however, has no advocates at the present day; and M. Sigault and his patient, so far as we know, are the only beneficiaries of the operation.

The idea that dislocation of the symphysis pubis sometimes occurred during parturition in the human female was based, no doubt, upon the well known fact in natural history, that such an event always takes place in some of the inferior animals. Some quadrupeds cannot long maintain the standing position during the last days of utero-gestation, in consequence of a relaxation of the joints of the pelvis, and in the guinea-pig, the symphysis pubis, at the time of labor, is widely separated to admit of the passage of the young.

That this relaxation and softening of the tissues of the pelvic articulations in the human female are events of rather frequent occurrence, any medical man may satisfy himself by investigating the condition of the pregnant women under his charge.

Many of them, to use their own quaint language, are "perfectly helpless;" walking on a level surface is performed well enough, but if the surface be rough and uneven, or if the effort be to ascend a flight of stairs, then the difficulty is very considerable.\* The explanation of this condition is apparent: the pelvis is loosely connected with the vertebral column and the lower extremities with the pelvis in consequence of the softening of their ligaments and cartilages.

The symphysis pubis belongs to the class of joints called amphiarthrodial, which admit of a limited degree of gliding or swinging motion, and is formed of four ligaments and an interarticular fibro-cartilage, consisting of two oval shaped

---

\* A lady under our care at the present time, who is otherwise well and comfortable, cannot get into bed, or change the position of her body in bed, without assistance.

plates, one covering the articular surface of each pubic bone.

This fibro-cartilage unites the two surfaces of the pubic bones in the same manner as the inter vertebral substance connects the bodies of the vertebræ, and a synovial membrane is sometimes found in the upper and posterior half of the articulation. This articulation sometimes becomes movable towards the latter term of pregnancy, and admits of a slight degree of separation of its surfaces. (Wilson's Anatomy, page 150.)

"By some admirable contrivance, the mobility of the intrinsic articulations of the pelvis is considerably increased during the latter periods of pregnancy, so that the coccyx may be pressed backward, causing an increase of five or six lines in the antero-posterior diameter of the outlet; while the symphysis pubis becomes susceptible of a slight separation, which increases (in a very slight degree, it is true, but sufficiently to merit notice) the dimensions of the brim of this cavity. This mobility, which is especially remarkable in a narrow pelvis, favors the process of labor in a singular degree." (Cruveilhier's Anatomy, page 159.)

"In progression, the whole pelvis receives the concussions, when they proceed from above or from below. Hence the ossa pubis are united by an intervening elastic fibro-cartilage; and any disturbance of this joint during pregnancy, or in the act of parturition, occasions great difficulty to the patient in walking, or even in maintaining the erect posture." (Todd & Bowman's Physiological Anatomy, page 140.)

It is thus seen that softening of the structures of the pelvic joints results, probably as a rule, from the pregnant condition in woman, according to our best anatomical and physiological authorities, and that this process of softening may exist to such an extent as to result in separation of the pubic bones at the symphysis, and sometimes, though rarely, in dislocation of the sacroiliac articulation. The following cases are adduced as examples of dislocation at the symphysis pubis: I was consulted about two months ago by a gentleman in regard to the condition of his wife from whom the

following history of the case was elicited: She was 30 years old, of the lymphatic temperament—married at 19, and was now in the seventh or eighth month of her sixth pregnancy.

After the fifth month, a sense of soreness, weakness, and pain was felt in the region of the symphysis pubis, accompanied by difficulty in walking, especially upon a rough or uneven surface, or in ascending stair steps, or turning the body in bed. These difficulties increased with the advance of pregnancy, and a grating sound could be heard from the region of the pubis, not only by the patient, but by any one in her vicinity, whenever such movements of the body or lower extremities were made as would tend to move the pubic bones on each other at the symphysis. This displacement of the bones was attended with considerable pain in the pubic region and a sense of weakness approaching to syncope. Toward the termination of the term of utero-gestation, the function of locomotion was performed with so much pain and difficulty, that the patient was confined, most of the time, to the sitting or recumbent position. This difficulty in walking under such circumstances is easily understood. When one foot is raised, the weight of the whole body rests for the time being on the other, which, through the head of the femur in the acetabulum, presses up the corresponding side of the pelvis, and in this way produces the displacement, friction, and grating at the symphysis. This difficulty existed in the last three of her five former pregnancies, commencing three months before their termination, and although her labors were natural and easy, her convalescence was slow and troublesome.

Rest in the recumbent posture for two months after delivery seemed to restore the integrity of the joint, and she suffered no more inconvenience from it. Her labor in the present instance was marked by nothing unusual, and terminated to my entire satisfaction. She is now (February, 1867) passing through her convalescence with rather more comfort than usual, in consequence of a broad stout bandage applied round the hips. I attempted to examine the symphysis du-



ring the progress of the labor, with a view, if possible, to detect the dislocation, but the manipulation was attended with so much pain that nothing satisfactory was determined.

The lady and her husband are intelligent and reliable people, and I have, therefore, no doubt whatever of the correctness of their impressions and statements as to the facts of this case.

Dr. R. J. Massey, of the Drughouse of Massey, Swanson & Co., of this city, has kindly placed at my disposal the following history of cases that have come under his observation. I ought, perhaps, to state that the subject of his first case is the sister of the lady whose case has just been given, and that he considers the pubic joint as still imperfect, in which opinion, from my knowledge of the case, I fully concur.

"Mrs. —, aged 19, somewhat strumous in her habit, was confined with her first child, on the 15th of July, 1852. Parturition was natural, but exceedingly protracted, even for a primipara. The passage of the head through the lower strait lasted eight or ten hours. The child was large, and weighed  $10\frac{1}{2}$  lbs. On the next day a partial separation of the ossa pubis at the symphysis was discovered by changing her from the dorsal posture to the left side. This was plainly perceptible to the touch, but no distinct crepitation could be heard. Rest and recumbent posture soon achieved partial restoration. At the next confinement, eighteen months afterwards, there was no separation. The child, however, at this time, was small, weighing only seven and a half pounds.

At the next confinement, four years afterwards, there was the same condition of affairs as at the first. Rest in the recumbent posture for two months restored the symphysis to partial integrity, and an exemption from further child-bearing prevents the lady from suffering much inconvenience or pain, except a sensation of weakness and fatigue when ascending or descending stairs, or stepping over high places.

In August, 1856, near Penfield, Ga., I attended a negro woman, aged 34, in her fourth confinement. After an easy and rapid parturition, I detected, upon turning her from the dorsal position, a partial dislocation, attended with no distinct crepitation to the ear, but a sensation of grating to the touch. Recumbent posture and rest sufficed to bring about a partial restoration after a few months. After that I lost sight of the case. Feeling unusual concern in this interesting, though unusual abnormal condition, I consulted that eminent physician, and our mutual friend, the late Dr. W. S. Meire, of Madison, Ga., who informed me that he met a similar case in a negro woman, who suffered but little inconvenience, save restricted locomotion a few months before and after confinement. Recovery each time was partial, but at the next confinement there would be a repetition of this abnormal condition. When last heard from, she was still having children, about every eighteen months."

Dr. J. M. Johnson, of this city has been good enough to furnish me the notes of a case that occurred to him as follows:

"Mrs. H., a lady of refinement, education, and social position, aged 31 years, the mother of five children; subject to attacks of rheumatism in the knee and shoulder joints, large and fleshy—weighing 160 lbs.—has always had very easy deliveries until the last, which was more protracted and painful. She felt pain and straining in the symphysis pubis, attended with soreness in the middle of the pelvis, and weakness in her hips, which made it impossible to turn when in bed, and even yet, sixteen months since the trouble began, is obliged to roll out of the bed, and get in again to make the change. For several months she walked with difficulty, and yet does; and only attempts it for short distances. In attempting to lift a burden with one hand, she not only feels and hears the crepitation, but also feels the whole frame-work of the pelvis give way. I am satisfied that her opinion is correct, and that there is permanent separation of the pubic bones at the symphysis.

Otherwise than as stated, her health is good."

It remains but to add the opinions of surgical and obstetrical writers on the subject. "A separation of this joint (the symphysis pubis) occasionally occurs during utero-gestation, in consequence of softening of its fibro-cartilage, allowing the two bones to ride slightly upon each other. A case of this kind was under my observation not very long ago. The woman was in her fifth pregnancy, and the dislocation, beginning about a month before her confinement, was so great that she could not walk, or turn in bed without extreme distress. The parts were exquisitely tender, on pressure, and upwards of five weeks elapsed after parturition before they regained their healthy condition. Rest, recumbency, and leeches constitute the proper treatment aided, where the patient is able to move about, by a belt with a pad on the pubes." (Gross's Surgery, vol. 1, p. 1089.)

"With the exception of the caccyx, the movements of the bones of the pelvis, upon each other, in the unimpregnated state, are extremely limited. Some authorities have maintained that during labor all the pelvic symphyses are relaxed to a slight extent, while others have believed that the joints remain entirely unaltered at this time. This supposition led to the now abandoned operation of Sigault, for the division of the symphysis pubis in cases of contracted pelvis. Some have even believed that during gestation osseous matter is absorbed from the pelvis and carried into the circulation to supply the wants of the fetus. Others contend that no change whatever occurs in the bones or joints of the pelvis in the course of parturition. We know, however, as Denman pointed out, that in rare cases, the sacro-iliac and pubic articulations become so relaxed as to cripple the subjects of this affection for a considerable time after labor. It is also known, from dissections of women dying during or immediately after labor, that the cartilages of the joints of the pelvis are found to be softer and more vascular than usual at this time. \* \* \* \* \*

These facts afford good reasons for believing that in many



cases a slight amount of relaxation of the pelvic articulations does take place in the human female during delivery." (Tyler Smith's lectures on obstetrics, p. 292.)

Churchill believes that it does not take place as a natural process, but that it occurs occasionally as an accident.

Burns says that, by some morbid affection of the symphysis, it may yield and become loosened during pregnancy, or may be separated during labor. He gives the symptoms and treatment of the dislocation, and the mode of detecting it. "If the bones be fully disjoined, then, by placing the finger on the inside of the symphysis, and the thumb on the outside, we can readily perceive a jarring, or motion, on raising the thigh."

Chailly, in his work on midwifery, treats the subject so much to the point that, at the risk of being tedious, I will copy his remarks in full: "The softening of the ligaments which unite the bones of the pelvis is of constant occurrence during pregnancy; but we should regard it rather as the accomplishment of a general law, which governs all beings, than as a necessary consequence of parturition in the female. If this softening of the symphysis is indispensable to the completion of the generative functions in certain animals, in which the pelvis is very narrow, it is not so in the human species.

In the various pelves of women recently delivered which have been submitted to my observation, I have never found this relaxation sufficiently distinct to increase the diameters of the pelvis a few millimetres, unless the woman had, during her gestation, experienced all the inconveniences which characterize a considerable separation of the bones, and which is not a physiological condition, but constitutes actual disease.

In this case, walking and standing are attended with great difficulty, fatigue, and pain. During labor, the auxiliary muscles of the uterus, finding no fixed point of support in the pelvis, act painfully on the symphysis, and afford no aid to the uterus in its contractions.

The malady, the causes of which are little known, and

which some authors have attributed to rachitis, commences by dull pains in the articulations of the pelvis, loins, hips and thighs: motion becomes slow, difficult, and so painful as to render progression almost impossible. Sometimes the pains are so acute that the patient, even while in bed, cannot make the slightest movement without experiencing them. When she rises and walks, she feels a sensation of great weakness and vacillation; it seems as if her body was about to slip between her thighs, and the pelvis about to separate. If the disease progresses in consequence of successive pregnancies, the disjunction, separation, and relation of the symphysis become so marked that, on moving the inferior extremities, the mobility of the symphysis is not only ascertained, but there is heard a cracking noise. Then it becomes utterly impossible for the woman to move her lower limbs: she is obliged to be raised by assistants; and the sensibility and swelling of the parts are such that the slightest touch causes pain. The consequence of this condition manifest themselves particularly after delivery, and are not accompanied by positive danger unless it proceeds from an organic vice." Here follows the treatment which is not necessary to detail.

The subject will be concluded with the interesting remarks of Prof. Meigs, from his treatise on obstetrics.

"Many people among the mass of society, suppose that in every labor the joints become relaxed, in order to let the child pass through the bones: and a good many ladies take a spoonful of oil of olives or Palma Christi, with a view to promote this desirable relaxation as they esteem it to be.

"I have known a young thing to take the trouble, nightly, to anoint the mons veneris for a long period, with lily ointment, to soften the joint.

"It is understood, however, by the anatomist, that these joints do not become open and relaxed as a normal effect of gestation, of labor, or of endermic or therapeutical measures, resorted to for that end. Yet they do, in some persons, relax, to their great injury or inconvenience. As to the

symphysis pubis, I have on many occasions found it to be quite loose, and admitting of motion. One of my patients, whom I have succored in many of her confinements, has greatly suffered from relaxation of the symphysis pubis during the several last weeks of her pregnancies. The articulation becomes so loose as to make a very considerable cracking sound, when she would turn in bed, or walk; and she has been good enough, in order that I might verify the fact, to allow me to cause the motion by pressing with my hands on the opposite spinous processes of the iliac bones, by which means I could cause the two opposite pubes to approach or separate from each other, or ride up and down, passing each other in the direction of the length of the symphysis.

"When the patient, in such a state of the interpubal ligament, stands on the right foot, the right pubis rises upwards, while the left descends, and vice versa, so that the act of walking is not only attended with pain, but with tottering and uncertainty.

"The lady in question gives birth to children weighing ten and twelve pounds, but she has commonly recovered from the relaxation within about forty days after the birth of the child, and her pubic joint remains perfectly strong and efficient, until in an advanced stage of the next gestation, the pressure and infiltration come to loosen and dispart the bones again. This lady has been fourteen times pregnant, and has given birth to twelve children at term. The joint did not give way until the sixth accouchement, which occurred October 20th, 1838.

"The child weighed upwards of twelve pounds. The motion of the symphysis was very obvious, and very painful. She recovered from it, however, and did not feel it again until near the close of pregnancy, which was concluded on the twelfth of December, 1835, by the birth of a son. A daughter was born October 30th, 1837, which produced the relaxation.

"She soon got over this, and in the next pregnancy and confinement felt nothing of it. This labor was on the second

of September 1843. When the child was three months old the relaxation took place, and was long troublesome. She was again pregnant in 1845, but had no return of the inconvenience in the gestation or lying-in, which occurred January 20th, 1846. The joint gave way again soon after her last accouchement, August 17th, 1848; she discovered it on the 20th day of the month, and it is so moveable, that a cracking sound is produced by turning in bed."

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## ARTICLE II.

*Extracts from the records of the Atlanta Medical Society.*

By W. S. ARMSTRONG, M. D., Demonstrator of Anatomy,  
Atlanta Medical College.

Dr. H. S. Orme reported the progress of a case of Tape Worm, mentioned at a former meeting. Under the use of Koosso, the patient discharged about twelve feet of the worm, and has not since felt any unpleasant symptoms. The remedy was given in infusion, in the proportion of half an ounce to twelve ounces of water—all to be taken at once.

Dr. R. C. Word reported a case of protracted hemorrhage from a leech bite, on the neck of a child, which he finally succeeded in arresting by the application to the bleeding point of pledgets of lint, saturated with collodion, and secured by strips of adhesive plaster.

Dr. D. C. O'Keefe reported a case of paralysis of the bladder in a lying-in woman, which commenced some days before labor came on, and lasted two or three weeks after its termination. The patient, at the time of her confinement, was extremely feeble from the existence of diarrhoea and deranged digestion for the last four or five months of

gestation. The labor was easy and natural, and terminated in a few hours. The diarrhœa continued for nearly two months after delivery, and the condition of the patient was regarded hopeless for several days. The use of the catheter was always required to relieve the bladder, for the period above mentioned. This want of power in the bladder is of no uncommon occurrence following labor, but usually passes off in a few days. The explanation of it is found in the pressure of the child's head upon the hypogastric and sacral fluxus of nerves; and the temporary constipation of the bowels following labor may be accounted for in the same manner. The delay in the restoration of the contractile power of the bladder in the present case, was due to the great debility of the patient.

The treatment upon which she recovered consisted mainly of the liberal use of brandy, and a combination of Ext. Hyos. and Sulph. Morph.

Dr. D. C. O'Keefe desired to call the attention of the Society to the unusual prevalence of Malarial Fever in this city and vicinity during the present year, October, 1866; and in attending to cases of the kind mentioned, the occurrence of a case of malignant intermittent, or congestive fever, which proved fatal. This case had been one of simple quotidian intermittent fever for ten days, with a daily morning paroxysm. On about the tenth day he had a congestive chill, from which he never reacted. During this time he had been under the treatment of a Homœopathic practitioner, and Dr. O'Keefe saw him for the first time in a sinking condition, two hours before his death.

In a particular neighborhood of the southern portion of the city, he found most of the cases he had been called upon to treat. He considered that the three conditions necessary for the production of the disease to be heat, moisture, and the decomposition of vegetable matter.

Dr. J. G. Westmoreland had noticed in the same neighborhood alluded to by Dr. O'Keefe, the prevalence of intermittent fever, and to such an extent as to attack whole families. In one instance every member of the family had the

disease, and when relieved, suffered from frequent relapses. The cause to which the malaria in this neighborhood is attributed, is the partial draining of a fish pond.

Dr. W. F. Westmoreland desired to call attention to a particular character of fever prevailing to some extent in the city, exhibiting symptoms of ordinary remittent fever, containing from ten to twenty-one days unamenable to the free use of quinine.

Dr. Alexander thought that the type of fever referred to was observed in 1852, in this locality, at the commencement of the epidemic of typhoid fever, which prevailed that year. His opinion was, that such cases are not subject to arrest by quinine, but are more profitably treated as ordinary typhoid fever.

Dr. J. M. Johnston had under treatment a case of fever answering to the description of those alluded to, in which the supporting and expectant plan of treatment has been adopted with the prospect of success.

Dr. J. M. Johnston also mentioned a case of brake-bone fever, suffering from excessive pain in the limbs. The case in question was recently from Columbus, Georgia, where this character of fever is prevailing as an epidemic.

Dr. J. G. Westmoreland desired the opinion of the members in regard to the fatal character of the disease as reported in the newspapers.

Dr. Knott said he had a limited acquaintance with Dengue, only in his own person, which terminated in three or four days without treatment.

Dr. Alexander had seen several, which did not yield to quinine, but terminated favorably in a few days—leaving a disposition to jaundice.

After the foregoing remarks, Dr. J. G. Westmoreland read a private letter, received a few days before, from Dr. Bacon, of Columbus, Georgia, giving a practical statement of the probable cause, character, symptoms, and treatment found most successful in this disease as it prevailed in that city the present season.

He writes, we attribute the disease to a peculiar poisonous atmosphere, caused by the exposure of the deposits on the bottom of the river (which had been covered with water for the last twenty years) to the action of the sun. The water was drawn off in July. The first case of brake-bone fever occurred on the 6th day of September.

The disease attacks every one suddenly. The first symptoms are pain and soreness on pressure of the eyes, and pain in the head, sometimes excruciating, with pain in the back, and aching in the back part of the pelvis.

In some cases this is all the pain that is suffered.

In others, in addition to the above, every joint and bone and muscle aches; and when you ask them where hurts, they will tell you they hurt all over. I heard a little boy who was suffering very much, tell his father both of his thighs were broken. Fever accompanies these symptoms—sometimes of a high grade, though generally the reverse of this. The pulse and skin frequently are very little above the natural standard. During this first paroxysm, which lasts from six or eight to thirty-six or forty-eight hours, according to the treatment used, there is frequently vomiting of the contents of the stomach, followed by vomiting of bile. When the patient goes to bed, he wants blankets piled on him, and complains, whenever he moves, that cold streaks run over him. This constitutes the first paroxysm of this painful and disagreeable disease, which, with proper treatment, is almost always the last; though there is occasionally a case, where a light attack of fever supervenes on the third or fourth day.

There is an eruption on the skin in almost every case, with troublesome itching.

No matter how mild or severe the attack may have been, the patient is always left in a weak and feeble condition.

\* \* \* \* \*

The mouth tastes horribly. The tongue is generally coated with a cream-like coating, that scarcely ever cleans off as long as the week, mean feeling stage last, which is gener-

ally from a week to ten days after they commence walking about. During the greater part of this period, there is a perfect loathing of all kinds of food. \* \* \* \*

In fact, all who had brake-bone fever, say that for a week after they get about, they feel worse than at any time before in the whole course of their lives. Language, they say, fails to describe their feelings.

There is more or less nausea in every case. Persons who are rheumatic, or have a syphilitic taint, suffer for some time with pain in the various joints. My idea of the disease is, that it is situated in the nervous system, including, of course, its great center—the brain. I do not look upon it as inflammation, but a peculiar morbid effect, the result of a specific poison existing in the atmosphere.

I forgot to mention above, that in the large majority of the cases that have occurred in females who menstruate, this disease has brought on the discharge again, though they may have passed through their regular period only a week or ten days previously. I attended one lady who had an infant only five weeks old. The discharge came on, and went regularly through as it did in others. Dr. Terry told me that he had two patients, one had seen nothing for three and the other five months. During an attack of brake-bone fever, both had a return of their period.

The treatment of this disease is very simple. When called to a case, if I find that the patient has not taken something to act on the bowels, I generally give a mercurial purge, if the pains are not very severe; but if they are, I give a full dose of epsom salts in pepper tea. I use the pepper tea on account of chilliness complained of, though sometimes, when the stomach is very irritable, I give simply a seidlitz powder every hour until the bowels are moved. My object is to have the bowels acted on as soon as possible, so that the system will be prepared for the introduction of opium, which is the great remedy in this disease. As soon as two or three actions have been produced, I give a pill composed of opium and camphor, one grain each. This is repeated in two hours,



and then again every four hours until four or six pills are taken.

If, on the second or third day, fever returns, a seidlitz powder is ordered every two hours until an action is secured. This, however, seldom occurs when opium has been used. Quinine is hurtful in this disease.

It increases the nausea and general distress.

Large mustard plasters used at any time, but particularly in the commencement of the attack, afford great relief and comfort; also, hot foot baths and hot applications to the feet. Let the patient drink at all times as much hot or cold lemonade (*without ice*) as he desires.

After this I tell the patient, if he feels pain any where, to take two spoonsful of parragoric every hour, until relieved; also, to eat and drink whatever he wishes, and to go where he desires, feeling sure, from personal experience, that they have no disposition to commit excesses in either.

I have not yet seen or heard of a relapse from this disease, nor a return of it in the same person during the same season.

I have not lost a case of it, nor have I heard of a death from this cause, unless some old persons who died here this fall had it.

The disease, in my opinion, is not contagious, but caused by a peculiar poison in the atmosphere. I hope that this desultory communication may prove satisfactory.

*Report of two cases of Cerebro-Spinal Menengitis.* By WM. O'DANIEL, M. D., of Marion, Ga.

On the 19th of October last, at 2 o'clock, P. M., I was called to see Mrs. J——, 65 years of age, of feeble constitution, and stroumous diathesis. Upon my arrival, I was informed by her daughter, a very intelligent lady, that her mother was suffering intensely with sick headache—a disease that had caused her much suffering for a number of years.

Upon examination, I found her delirious, face flushed, eyes red, pupils much dilated, tongue furred, bowels constipated, pulse 110 and full, respiration hurried, and perspiring freely. She apparently suffered the most excruciating pain in the head. So great was her distress that she had to be held on the bed.

Twenty minutes after my arrival she had a convulsion, which lasted, perhaps, fifteen minutes; in half an hour she had another; and thus they continued to return for six hours, after which time the interval was one hour instead of half an hour.

I ordered back of patient's head shaved, and a blister applied from the occiput to the first dorsal vertebræ, and frictions with oil turpentine the whole length of the spine, not covered with blister. Ordered the following:  $\mathcal{R}$  Hyd. chlor. mit. grs. xv., pulv. doveri, grs. x., m. ft. chart 3, and to be taken every two hours, followed in three hours after last dose by ol. recini  $\mathfrak{z}$  ss., which evacuated the bowels by one o'clock. After the free evacuation of the bowels, I gave the following:  $\mathcal{R}$  Sulph. quinia grs. xxv., pulv. doveri grs. x., m. ft. chart 4., one to be taken every three hours, commencing at midnight. At this time I asked that Dr. D., an intelligent physician be called in consultation. Upon consultation, we were both convinced that the case was hopeless.

Called next morning, and found the patient irrational, pulse 98, small and tense. Convulsions ceased. Continued

the sulphate quinine and dovers powder, and ordered hot mustard bath to feet and legs, and cold water to the head, every hour for three hours, by means of coffee pot held several feet from the head. Wine *pro re nata*.

Called in the evening, at 7 o'clock, and found patient resting well, respiration deep and laborious. Died next morning, at 6 o'clock, in a convulsion.

CASE 2.—On the 14th of October last, at 7 o'clock, I was called to see John J——, an athletic black man, 22 years old, who, from childhood, had enjoyed good health. Upon my arrival, I was informed that two hours before, while in the yard, he was taken with a chill, and was unable to get back into the house without assistance. I found him perfectly delirious, pulse 100 and full; pupils much dilated. Ordered blister to back of neck, and gave him ℞ Calomel grs. xv., dovers powder grs. x., m. and make three powders, one to be taken every two hours; to be followed by a large dose castor oil. At midnight, he was to take the following: ℞ Sulph. quinia grs. xv., pulv. doveri grs. x., m. make three powders; one every three hours.

Called next morning at ten o'clock. Bowels had been evacuated. Found patient in semi-comatose condition; pulse 90 and full. Continue the quinine and dovers powders through the day, and ordered ten grains of dovers at ten o'clock P. M.

Called next morning at 7 o'clock, and found the patient much better: pulse 85, rational, and resting well. Ordered quinine, grs. xv., make three powders; one to be taken every three hours. Dovers powder grs. x., at ten o'clock, P. M. Wine *pro re nata*.

Called next morning at 7 o'clock, and found him improving rapidly: pulse 80 and almost natural. The patient was able to sit up in bed. The same treatment as the day before.

Called next morning at 7 o'clock. Found patient able to sit up: pulse normal. Prescribed wine *pro re nata*, and dismissed the case.

The patient rapidly recovered and in five days was able to labor, in the farm.

## SELECTIONS.

From the Southern Journal of the Medical Sciences, New Orleans, La.

## FOREIGN CORRESPONDENCE.

*London, November, 1866.*

The marvellously rapid development of the Arts and Sciences in the present day must make every one who is in any way connected with either of them, take stock occasionally of the condition of his own department, and of the comparative progress which is being made in it from year to year. The surgeon who will first reduce himself to the proper degree of humility, by remembering what remains to be done, may fairly turn from such a review as I have proposed with reassurance, and some amount of complacency. For not only can he point to such achievements of modern times as the discovery of general and local anæsthesia, ovariectomy, and the excision of diseased joints, but there is also to be observed a steady and sterling advance in the execution of more every day work, which shows itself, not only in the improvement in the results of treatment, and in the fact that many conditions which formerly ranked incurable, may now be referred to as curable; but, also, on the greater humanity of the means employed, and in the greater care which is taken to secure the ease and comfort of the sufferers. Much progress of this latter kind has lately been made in the management of fractures, in illustration of which I may refer to the treatment of fractures of the femur; of the patella; and of the bones of the leg, as now conducted in Mr. Paget's wards, at St. Bartholomew's Hospital. I have great pleasure in noting the method for fracture of the thigh first, for it is one which was exhibited to Mr. Paget's class, some months ago, by Dr. Smith, of the Southern States of America. It is that which consists in swinging the limb by means of an iron wire frame fixed along its upper aspect. As your readers are doubtless quite familiar with the apparatus, I need say only this much in description of it, which may suffice to

allow you to identify it. Experience of its use here has brought it into high favor. It is very easily adjusted, and probably the surgeon who should be called upon to conduct the treatment of a fractured thigh, where he was thrown on his own resources for an apparatus, would find this easier to construct out of rough materials than any other that is in use. Patients express themselves strongly as to the comfort with which they can bear it; and the gratification expressed by one or two patients who, after having borne the long splint through part of the treatment, had this adjusted instead, was very significant of the relief they felt. It will be necessary to have a larger experience of its use than we have already gained, before any definite opinion as to its value can be pronounced; but I may give shortly the particulars of two cases in which its merits are well illustrated. The first was that of a woman, thin, withered and pale, and looking seventy, though she said she was only sixty-four, who was admitted under Mr. Paget's care, with fracture of the neck of the femur. Her general health was so poor that it seemed dangerous to subject her to any rigidly fixed position, or to any long confinement to bed. The limb was placed in Dr. Smith's "sling." From the first, everything went on well. After the first few days she was able to sit up in bed to take her food, or merely for a change of position. She slept well, and complained of no discomfort. At the end of six weeks the limb was taken out of the sling, and it was found that the fracture was well united; and the muscles had so well retained their power that she could raise her leg from the bed.

The second case was that of a young woman æt. twenty-six, who was admitted for necrosis of the lower third of the shaft of the right femur. Her health was much reduced by prolonged suppuration, and the want of good food. After a previous unsuccessful attempt to extract the sequestrum, which lay enclosed in a thick casing of new bone, Mr. Paget, by removing the necessary amount of the outer wall of the femur, having first divided the biceps, and turned it back, was enabled to pull out the sequestrum. The operation entailed a very considerable wound, and the condition of the parts was such as to make extensive suppuration in the inter-muscular spaces of the thigh very likely, unless a free exit for discharge could be provided. It seemed of the greatest importance that no check towards recovery should be allowed, for the patient was greatly wasted, and had little strength

left. The thigh was "slung" so that the wound was dependent; and as this was cone-shaped, with its apex at the femur, the discharge, instead of lodging, ran directly out, and fell into a vessel containing a disinfecting fluid. The wound thus required no other treatment than to be syringed out twice a day. The woman's recovery was very rapid: she quickly regained flesh and color; and the local mischief was soon repaired by granulation. A more admirably adapted apparatus than the "sling" proved to be in this instance, could scarcely be imagined.

Here I may mention in parenthesis, that the Liston's long splint, which has for many years been looked upon by English surgeons as the sheet anchor in the treatment both of fractures of the femur and diseases of the hip-joint, is falling into disuse. For the past three years it has scarcely been used at all in the hospital for sick children, for disease of the hip, the substitute being continuous extension applied by means of the "strapping-stirrup" and a weight. This method, which is recommended by its simplicity and comfort, is found to give the most satisfactory results.

It has been, till recently, the custom in England, in the treatment of transverse fractures of the patella, to use a bed jointed in the middle of its length, so that the patient's limb could be raised and flexed upon the pelvis, nearly to a right angle, in order, as it was said, to relax the muscles in front of the thigh, and so to prevent the separation of the upper from the lower fragment of the patella. This apparatus, which obliged the patient to remain in what was equivalent to the sitting posture, all through the period of treatment, was most irksome. About three years ago, Mr. Paget, at St. Bartholomew's Hospital, discarded this method, and allowed the limb to be outstretched horizontally upon the bed; and from that time to the present, all the cases of transverse fracture that have come under his care, have been so treated. Many surgeons have now adopted the plan, and it is found that the results obtained are fully as good as those secured by the older method. The case against raising the limb has been thus ably put by Mr. Jonathan Hutchinson, in the *London Hospital Reports*, 1865, page 338. "The muscles, when the limb is at rest, are not contracted, but quite flaccid. Examine the patella of a person in bed, and you will find it loose and moveable; the muscles are not acting in it in the least. Make the same examination in a case of fracture of the patella, after the first spasm has subsided, and when the

patient is not voluntarily contracting his quadriceps, and you will find the muscle wholly relaxed. My second objection is, that even if the quadriceps were in constant action, which I assert it is not, you could not diminish the distance between its attachment and origin in a material degree by lifting the limb. All that part of the muscle which arises from the femur, (the crureus and the two vasti) will not be in the least altered. Lift the limb as high as you like, you move both origin and insertion together, and equally, and cannot possibly alter their relative positions. The rectus, it is true, arises above the hip joint, but is so close to the latter that the length of the muscle is but very little modified by flexion of the thigh. My chief reason, however, is obtained from clinical experience. Over and over again, we have proved by experiment in lifting and lowering the limb, in cases of transverse fracture, that position does not, in the slightest degree, prevent the bringing down of the upper fragment." In the large majority of the cases, the treatment, both by Mr. Paget and Mr. Hutchinson, has consisted solely in leaving the limb horizontal, without any kind of appliance for bringing the fragments into contact. In the few instances in which any such have been used, very slight, if any, good has seemed to follow.

Mr. Paget thus treats fractures of the leg: The limb is placed on an iron back-splint, which has a rectangular foot piece, and which reaches four or five inches beyond the knee. This splint is fixed in position by two caps of gutta percha, softened in hot water, and moulded, the one over the front of the foot, and the other over the knee; then two wooden side splints are adjusted: these are fixed by being buckled together across the sole, with which their lower extremities are exactly on a level, and by web-straps which encircle them half-way up the leg, and again above the knee. The limb is then "slung." In cases of compound fractures, the side splints are "interrupted" opposite the wound, should this chance to be on the lateral aspect of the limb. It will be noticed that the peculiarities of this method (which are also its advantages) are, first, its extreme simplicity; second, the absence of bandaging. There is no circular constriction of the limb, and the course of events at the seat of injury can be accurately known at any period of treatment; and which is an advantage, although a minor one, the skin can be sponged, and thus kept clean, and free from that troublesome itching which comes of confined perspiration. It is now a common

practice in England to "sling" the upper extremity in cases of excision of the elbow, or of severe fracture, or of any serious disease; and the freedom of movement which it allows conduces much to the comfort of the patient. It is not an exaggeration to say that the "swinging" of limbs is one of the greatest improvements which, has of late years, been made in the mechanics of surgery.

As dislocations are so kindred a subject to fractures, it is right to mention the one point about them, which has, of late, been brought prominently forward—their reduction, in the case of the hip and shoulder joints, by "manipulation," instead of by the old method of extension. Mr. Nunneley, of Leeds, in a letter to the *British Medical Journal*, Oct. 20th, announced that in the practice of his colleagues and himself, at the Leeds Infirmary, in the last few years, out of twenty-one dislocations of the hip, manipulation was tried in all but one: it succeeded in fourteen, and failed in seven. In these seven, who were afterwards subject to the pulleys, three were reduced at the first attempt; one failed in a first attempt, but succeeded, after considerable difficulty, in a second; three failed altogether; and in another, though it was thought the bone was reduced, subsequently it was again found to be displaced, and could not be permanently reduced—making four cases in which, doubtless, fracture of the acetabulum, or of the neck of the bone, accompanied dislocation, and prevented reduction." This surgeon considers that the most important condition to be insured, when manipulation is to be tried, is a relaxed, but not perfectly helpless, flaccid, uncontractile state of the muscles; as it is by contractions of the muscles which are attached near the head of the dislocated bone, that reduction is mainly accomplished. This relaxed condition of the muscles is often present directly after a dislocation has occurred, and when the patient is in a state either of syncope or of shock; but when it is not present it should be induced by chloroform. Mr. Nunneley's paper immediately drew forth letters from many of the London, and some of the provincial hospitals, which proved that the method by "manipulation" was in very general use among English surgeons. Mr. John Birkett, of Guy's Hospital, bears the following testimony to its efficacy in his own hands. "Six dislocations of the femur on the dorsum ilii; five into the sciatic notch; four into the foramen ovale, and one on the ramus of the pubes, were reduced by manipulation (while the patients were under chloroform) without the aid of pulleys, during the last eighteen years."



This method of reducing dislocations, so much safer, so much less violent, and as the results above referred to show, so successful, is a great improvement on the old method by extension. I am sure English surgeons most willingly acknowledge their obligation to Dr. Reid, of Rochester, to whom is attributed the honor of having introduced it as a legitimate plan.

Desormeaux's endoscope has lately been brought prominently under notice, by Mr. Heath, of the Westminster Hospital, who has sent his experience of its use to the *Lancet*. I may briefly say that the instrument consists of a farafin lamp, enclosed for convenience in a wooden case, from which the light is conducted through a lens on to a perforated mirror, set at an angle in a cylinder. An eye piece is adapted to one end of this cylinder, and to the other a screw, by which the various tubes that are to be introduced into the several outlets of the body may be attached. Mr. Heath has "three tubes for the urethra, corresponding with No. twelve, ten and eight of the catheter gauge, each measuring eight inches in length, and being provided with an aperture on one side, near the outer end, through which a wire carrying cotton wool may be introduced into the interior of the tube, and be made to reach its extremity, so as to wipe away any discharge from the surface under examination, or to apply medications to it. A large tube, of similar make, is very efficient for examining the rectum; and a tube, with a piece of glass at the end, can be used for examining the interior of the bladder, the glass preventing the entrance of wire into the tube." The best position in which to place the patient for examining the urethra is the recumbent one, on a table or sofa of good height, with the knees bent over and slightly separated. The surgeon then introduces the largest tube which the meatus will admit, and passes it gently until he meets with an obstruction, or finds, from the direction of the instrument, that he has entered the membranous urethra, when it is well to pause, lest on withdrawing the plug (which much facilitates the introduction, as with a vaginal speculum) a gush of urine take place. The tube is now attached to the tube of the endoscope, which is placed horizontally, and the light being adjusted, the operator proceeds to look through, when he will see the surface of the urethra, at the end of the tube, shutting down upon it with perfect regularity, if healthy; and by slowly withdrawing the instrument, with the eye still fixed at the cylin-

der, he will be able to note the various modifications which the urethra may have undergone in its whole length, if necessary, after examining the prostatic portion. By means of the endoscope, Mr. Heath could make out the "granular urethritis" of Desormeaux, which keeps up a constant slight discharge, and gives such trouble both to the patient and the surgeon. It was found "in various parts of the urethra, sometimes confined to a small spot, at others spreading for some distance; its most favorite spot being about the bulbous portion of the urethra." This granular condition, which may lead to a true organic stricture, is best described by comparing it with the condition of "granular eyelids." Organic stricture can be accurately made out by the endoscope, and it would probably facilitate the diagnosis of urethral chancre and urinary fistulæ. Marked relief followed, in many cases, the local application of nitrate of silver, through the tube of the endoscope. Mr. Heath says that in cases of organic stricture, he has succeeded in introducing a wire, through the endoscopic tube, into the contracted orifice, and has then passed over the wire an elastic catheter, which he has thus guided through the stricture: thus demonstrating the possibility of relieving the bladder in a case of difficult, and to ordinary methods of treatment, impermeable stricture. Mr. Henry Thompson, whose knowledge of, and whose skill in treating all diseased conditions of the urethra and bladder, are such as make his opinion on such a point of the greatest weight, writes that he "came to the conclusion, after many trials of it, that Desormeaux's endoscope was of small value in practice, as regards diseases of the urethra and bladder." \* \* \* \* "True it discloses a granular condition of the urethra, and enables the surgeon to apply an agent to the exact spot, but heretofore it was known that such conditions existed most commonly in the bulbous portion of the urethra; that the site of the diseased part was fairly appreciable by its undue sensibility when an instrument was passed over it, and that cure often followed the application of a solution of nitrate of silver to the sensitive spot." And as regards stricture, he says: "I doubt the power of the endoscope to reveal the orifice of a stricture through which a good surgeon has been unable, with care and attention, to pass an instrument. I have long believed, with Mr. Syme, that a stricture which admits the passage of urine outwards in any quantity, will admit, to gentle and careful manipulation, the passage of an instrument inwards to the bladder." \* \* \* \* And "minute objects, such

as the orifice of a small stricture, must be very difficult to find, for Dr. Cruise confesses that he cannot even detect (with the endoscope) the verumontanum, or the orifices of the ejaculatory ducts in the healthy urethra." Mr. Thompson objects to the use of the endoscope on account of its collision with "the really valuable maxim, which I implicitly believe to underlie all success in the surgical treatment of urethral and vesical diseases; namely, to diminish as much as possible, all sources of mechanical irritation. \* \* \* \* Every year I am more and more convinced of the value of this maxim, and more and more act upon its indications. It is this which has led me to perform lithotrity, invariably, without preliminary injections, and commonly without any subsequent one; and also limit the length of the sitting to one, or at most to two minutes. Lastly, in the treatment of stricture, to employ the softest and most flexible instrument, instead of the inflexible and metallic, in direct opposition to my earlier convictions, and to the special traditions of my school."

There are a very large number of surgeons who would completely endorse Mr. Thompson's opinions on all the points referred to. Nevertheless, there are doubtless cases in which the endoscope has its value.

Mr. Henry Lee has published the particulars of a case of aneurism, which he cured by acupressure, a method which he believes will prove very valuable in many instances of this disease. His patient, a boy of nineteen, was wounded in the lower part of the left popliteal space, with a sharp knife. Bleeding was very free, and recurred after the lapse of some days, and a tumor was found in the popliteal space of the size of a chestnut. This had all the features of an aneurism. "A long, slender needle, previously made for the purpose of acupressure, was introduced immediately to the outside of, and above the tumor, which was at the same time pressed inward by the point of the finger. The needle was made to penetrate deeply into the popliteal space, its point was then turned inward and brought out immediately behind the internal tuberosity of the tibia." The pulsation in the tumor stopped immediately after the needle was introduced; but the pulsation in the posterior tibial artery, in the lower part of the leg could be still distinctly felt. The aneurism was considered to be on one of the large branches of the popliteal, not on this vessel itself. The needle was removed on the sixth day. The patient recovered without a bad symptom.

Your readers are probably aware that Mr. J. Baker Brown (London) is in the habit of performing "clitoridectomy;" or, in simpler phrase, cutting off the clitoris, in a variety of nervous diseases in women, such as hysteria, epilepsy, and insanity, in the belief that these diseases very commonly depend on the habit of masturbation, and because, he says, he has found "clitoridectomy" effect a cure. The accusation which this doctrine involves against the sex, and the questionable physiology on which the alleged cure depends, have, from its first announcement, caused the operation to be regarded with much suspicion. This feeling has at length found expression, in a letter to the *Lancet*, by Dr. Charles West, whose opinion always commands the highest respect among the profession in England, and whose book on "The Diseases of Women," if I mistake not, is well known in America. As the matter has attracted much notice here, I will extract the main part of the letter. Dr. West says:

"1st. Having for the past twenty-five years seen more of the diseases of children, and young persons of both sexes, than most members of my profession, and as much as most, of the diseases of women at all ages, I believe that masturbation is much rarer in girls and women than in our own sex.

"2d. I believe the injurious *physical* effects of habitual masturbation to be the same as those of excessive sexual indulgence, and no other. The special physical harm done by masturbation, I believe to be due to the fact that it can be indulged in at a much earlier age than sexual intercourse, and can be practiced with much greater frequency.

"3d. But, nevertheless, I have not, in the whole of my practice, seen convulsions, epilepsy, or idiocy induced by masturbation in any child of either sex, a statement I need scarcely add, widely different from the general idea that epileptics or idiots may, and not seldom, do masturbate. Neither have I seen any instance in which hysteria, epilepsy, or insanity in women after puberty, was due to masturbation as its efficient cause.

"4th. I *know*; and I can appeal with confidence to the knowledge of many members of the medical profession, that of the alleged causes of hysteria, epilepsy, insanity, and other nervous diseases of women, by excision of the clitoris, a very large number were not permanent. I further *know* that in several instances, one of which, seen by me in consultation with Mr. Paget, is related at page 663 of my lectures, very mischievous results have followed it.

"5th. While I believe the removal of the clitoris, in cases of hysteria, epilepsy, insanity, or other diseases of women, to be a proceeding theoretically based on erroneous physiology, and practically followed by no such results as warrant its frequent performance, I regard it as completely unjustifiable when done for the alleged relief of dysuria, or of painful defecation; for the cure of amenorrhœa, or for the mitigation of the symptoms of uterine displacement or disease. (In all these conditions Mr. Brown has used it, as he reports, successfully.)

"7th. I consider that public attempts to excite the attention of non-medical persons, and especially of women, to the subject of self-abuse, in the female sex, are likely to injure society, and to bring discredit on the medical profession.

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"8th. I believe that few members of the profession will dissent from the opinion that the removal of the clitoris without the cognizance of the patient and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner, selected by the patient, or her friends, is in the highest degree improper, and calls for the strongest reprobation."

I think it right to inform American surgeons, who may have heard of the practice of "clitoridectomy" in England, what is thought of it here. Dr. West's opinions may certainly be accepted as very faithfully representing those of a very vast majority of English practitioners.

The novelty of the past two months is the injection of acetic acid into the substance of cancers, in order to secure their removal by absorption. The plan is brought forward by Dr. Broadbent, a physician who is thought highly of in London. It suggested itself to his mind in consequence of the known solvent powers of this acid upon cancer cells, as seen under the microscope. Dr. Broadbent recommends that about forty drops of a mixture of one part of acetic acid with five or six parts of distilled water, should be injected into the cancer; the point of the syringe being thrust (subcutaneously) into different parts of its substance during the operation, so that the agent is well disseminated through it. The injection is repeated at intervals, varying from five to ten days, or longer, according to its effects. The method is now being extensively tried, and many cases are reported in which large cancers have been completely and almost painlessly removed. Its true value, however, can by no means be pronounced upon at present.

Although cholera has occupied much attention, during its late prevalence here, I have not ventured to enter upon so purely medical a subject. I think, however, I may say, without doing any one injustice, that no great advance has at present been made in its treatment; at all events, in many neighborhoods, the mortality among those attacked by it, has been as high as it is recorded to have been in previous outbreaks.

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*Cases of Progressive Locomotor Ataxia.* By JAMES BROWN BURNET, M. D., House Physician, Bellevue Hospital, New York.

CASE 1. Robert Gardner, 35 years of age, was born in Ireland, of healthy parents. He has been in this country for eighteen years, and has been a butler by occupation. He always has enjoyed good health up to about twelve years ago, when in the winter season he was taken with a violent pain in the small of his back, which pain extended around, principally on the left side. These pains would last two or three days, then pass away, and he would feel as well as ever. During the winter seasons these attacks would come on three or four times. The physicians pronounced his disease to be lumbago, and treated him with Rochelle salts. He would have at the same time quite a severe pain in the præcordial region, which would pass off with a pain in the back. During the summer season he enjoyed good health, never being troubled with these attacks.

About fifteen years ago he had intermittent fever, which lasted nearly six months, and from which he entirely recovered. A year ago last July, whenever he went out into the street, he would be seized with dizziness, which would pass off when he came into the house. He also was troubled with headaches, which would come on in the morning and last until about 12 o'clock. These would probably take place two or three times a month, and were very violent while he had them. During these attacks he would have an eruption on his head, which would last as long as the pain,

and then in a day or two scale off. About the middle of October, his feet would at times become numb and cold, especially at night, and very violent pains would commence at the knees, go down to the feet, and then ascend to the head, these pains sometimes lasting the whole night. These would continue for three or four nights, and then go off for a week or so. Any change in the weather would seem to bring them on.

On the second of January he entered St. Luke's Hospital, and was there treated with strychnia. This continued until March, when he became quite weak, so that he was unable to walk. His medicine was then changed to Rochelle salts, and afterward back again to strychnia, but still his legs continued weak, and the pain was as severe as ever.

About fifteen years ago he had gonorrhœa, which lasted nine months. He also had a small sore on his penis, and a bubo, but no breaking out on his body at this time. About six years ago he was troubled with a stricture, and again while at St. Luke's Hospital, so that it was necessary to draw his water from him. This lasted for about one month. About four years after he had the sore on his penis, he had a slight breaking out on both arms, and afterward on his head. On the 11th of June he left the hospital on crutches, feeling no better. He remained with a friend until the 21st of July, when he was admitted to this hospital, not being any stronger in his limbs. He at this time complained of severe pain in the lower limbs, and partial paralysis. There was permanent contraction of both pupils. They acted very sluggishly when exposed to a strong light. Slight tingling sensations in the arms; sensation not impaired, but it was slightly impaired in the lower extremities. The left was the worst leg. At the present time he has a numb feeling always before passing his water, and his penis often feels hot, which sensation partially passes off after he urinates. Whenever he lies on his belly, he has a dull heavy pain in the back, over the region of his kidneys. Since he has been in the hospital he has been gradually improving. There has been a decided improvement in his walk, as he can now go a short distance without the assistance of a cane. He walks cautiously, however, and watches each foot as it is raised from the floor. He falls backward if he attempts to stand still with closed eyelids. Whenever he stands upright he experiences pain in the lower part of his back. He has no pain in his back, except he lies on his face or attempts to

stand straight. His urine has been examined, and found to be normal.

The diagnosis was made of *progressive locomotor ataxia*, and the treatment consisted in the administration of potassii iodidi, ten grains three times a day, with fifteen drops of syr. ferri iodidi. Bowels have been kept regular with pills of aloes, nux vomica, and belladonna, in small doses. His back and limbs have been vigorously rubbed with lin. sap. camph. He is gradually improving.

Oct. 29th. He appears to remain about in *statu quo*. If anything, the pains in the limbs are rather worse.

Nov. 1st. He complains of lascivious dreams and seminal emissions, which appear to weaken him considerably. He has then regularly as often as once a week, and at times much oftener. He has had these for a number of years. He has formerly indulged himself in venereal excesses to a considerable extent, but never practiced masturbation. He has been ordered ten grains of potassi bromidi each night before retiring.

Nov. 2d. He could not sleep any last night on account of excruciating pains darting along his tibia. There are no nodes, and no symptoms of syphilitic periostitis.

Affairs thus went on until the early part of winter, when he was discharged, with very little change in his general condition.

CASE 2.—Anna Farly, 32 years of age, single, and a native of Ireland, was admitted to ward 14 of Bellevue Hospital on September 29th, 1866. She gave the following history of herself. Her father was healthy, and died at the advanced age of 87; her mother still lives, is nearly 80, and suffers with asthma. Anna has resided in this country 16 years, and her occupation is to cook, wash, and iron. She always enjoyed good health until she had been in this country about one month, when she was laid up with typhus fever in Cincinnati for about eight weeks. In the winter of 1852, she went to New Orleans, where she took the yellow fever, from which she did not fully convalesce for six months. In the summer of 1855, she went to Mobile, and was on a plantation, where she was taken with chills and fever, which lasted two weeks; then they would pass off for a few weeks, and then come on again, and so on for a whole year. During these attacks she had violent attacks of epistaxis. She rarely had such attacks before, and never but once since. After this she had good health until about three years ago, when at a party one evening, she was seized with a violent



shivering throughout her whole system, which lasted only a short time however; but since that time she has been extremely nervous. At about the same period she would have attacks of dizziness, and quite a severe pain appeared in the posterior part of the head, sometimes being dull and heavy. This continued a few months, when she felt a pricking sensation coming on in the head, and gradually passing down to the feet, sometimes severe, and then again quite slight. In about six months after the first attack she was afflicted with double vision, which lasted nearly four months without ceasing. At the end of this time she had a very violent pain in the small of her back, which extended all around the body, and also all over the thorax, and as soon as this took place the double vision ceased. These sensations and numb feelings have remained with her up to the present time. About a year ago, the dizziness became so marked that it was almost impossible for her to walk at all, and she became very weak. For the past year, also, dull pains have been in her feet, which feel quite cold and occasionally numb. She is quite nervous now, and sometimes is troubled with a twitching of the muscles of the face. For the last eight years she has noticed that, when she caught cold and coughed, or vomited from any cause, she would throw up more or less blood. This at first would be clotted and dark, but afterward of a lighter red color, mixed with the sputa. She has a slight cough, especially in the morning, and sometimes a slight expectoration. Her appetite is capricious. For two years she has been troubled with a leucorrhœal discharge. During the past year and a half, she has also been troubled off and on with a difficulty in urinating, sometimes going 24 hours without being able to pass her urine. This was always relieved by nitre. She never was obliged to have her urine drawn by a catheter. She generally has been costive in her bowels. In three or four days after admission to the hospital, she was taken with a severe diarrhœa, for which she was treated with the following prescription:

R	Bismuthi subnitrat.,	3j
	Pulv. opii.,	gr. x.
	Acidi tannici,	3 ss. M.

Et div. in chart, no x.

S. One three times a day.

And from which diarrhœa she rapidly recovered. Generally in the afternoon her feet and legs begin to swell. This has been so for nearly two years. Pupils act well to light. Sensation is not impaired. She walks with an unsteady gait.

If she stands still and closes her eyes, she feels as though she was swaying from side to side. She can grasp the hand with a firm grip. There seems to be great weakness in her back. She used to have great palpitation of the heart, but has not felt this for the past year. Her urine has been examined and found to be normal. Evidences of incipient tuberculosis. The diagnosis was made of *progressive locomotor ataxia*, and the treatment commenced, was 10 grains of the iodide of potassium, three times a day, in syrup of sarsaparilla. She is also taking tr. ferri muriat. She thinks there is no improvement. She has had sore-throat, and her hair has fallen out, but she has never had any eruption on the body save prickly-heat. She denies all syphilitic history.

Oct. 29th. No improvement. She has stopped taking potassi iodidi, and is now taking three times a day, one sixth of a grain of the nitrate of silver.

Nov. 1st. Feels rather worse. The pains in the head are increased. Locomotor powers are no better.

Dec. 1st. Discharged no better.—*Med. & Surg. Reporter.*

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*A Case of Monstrosity.* By L. I. MARVIN, M. D., of Northampton, New York.

In the month of July, 1859, I was called in haste to visit a woman who was reported to have been in labor two days and two nights, and was said to be at least in a very critical condition. When I arrived, the family physician was present.

The patient was an Irish woman, 28 years of age, and it was her first accouchment. She was a short, thick, and what might be called, in common phrase, a chubby woman.

The attending physician informed me that he had been with her forty-eight hours, and her pains had been regular, pressing, and severe, and yet no advancement in her labor had been apparent.

On examination, I found the head presenting naturally, and down within the pelvis. The external parts were preternaturally dilated, so that I could easily introduce both

hands each side of the head to the neck of the child, thereby forming a sufficient hold for all the traction necessary during her pains, which were frequent and very severe. I assisted her for twenty or thirty minutes, with all the traction I dared to apply, but without any advancement in the labor.

Her strength was failing rapidly, and no advancement of the head, but the same firm and solid resistance to advancement continuing, I perceived at once that delivery must be effected soon, in order to save the patient.

I commenced rotating the head within the pelvis until I twisted it off and brought it away.

On further examination, an arm presented, and by the same traction I had previously used, the same firm and unyielding resistance remained, though her throes were strong and frequent. I then removed the arm by twisting it off at the shoulder-joint without difficulty.

I then introduced my hand and brought down a leg, which being secured by an assistant, I succeeded in bringing down another, together with the pelvis. I then supposed I was, as I remarked to the attending physician, *out of the woods*, and would soon be through. I was disappointed; for after a powerful throe I found that the same permanent resistance continued.

In the absence of a pain, I introduced my hand, and seized another leg and brought it down and secured it as before. I then brought down another leg with another pelvis.

Thus I had four legs and two pelvises in the world. My patient much exhausted, I administered cordials and stimulants, and when sufficiently restored, I succeeded in delivering her.

I placed the head and arm in their proper places on a table-cloth, with the rest of the parts, and it presented one of the most interesting specimens of monstrosity I ever saw, or have read of; and I doubt if another case of the kind is on record. Two female children, or *fœtuses*, fully grown, perfectly formed, and fully developed in every limb and external part. Two heads, four arms, a double thorax, one common abdomen, two pelvises. External organs all perfectly and fully developed, and equal in both. It weighed with the table cloth in which it was bound up, eighteen and three-quarter pounds.

I have seen many cases of monstrosity of children, or *fœtuses*, but none that approached the regularity and full development of this in every external organ. Heads, faces, and features were perfectly natural, and appeared as if two

full-grown foetuses had lain crosswise, and to use a mechanical phrase, had been welded together—the two abdomens in one.

I offered large inducements to the parents, to allow me to preserve this most remarkable specimen of monstrosity; but as they were Catholics, no overtures were of any avail, as it would in their view be sacrilege, and it must be buried in consecrated ground. My principal object in obtaining the specimen was to ascertain whether there were two sets of abdominal viscera or only one. Professor March, of the Albany Medical College, was here a short time after, and I related the case to him. He was very desirous of procuring the specimen, but it was in the heat of summer, and probably decomposition had taken place, and it was abandoned.

The woman recovered, and has had four children since.—*Med. and Surg. Reporter.*

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~~From the~~ Bo. Jour. of Medical Sciences.

*Case of Menstruation in the Male.*

MESSES. EDITORS.—Permit me gentlemen, through the medium of your Journal, to lay before the profession the particulars of an anomaly, which will doubtless prove interesting to your readers.

In the month of December, 1855, while attending the medical lectures of the University of Louisiana, I formed the acquaintance of a young gentleman, who was then a student in the same school. His character and attainments were such as to commend themselves to my admiration, which subsequently ripened into friendship and intimacy.

On one occasion, in a moment of extreme melancholy, and under the influence of the confidential relations existing between us, he communicated to me, that though not possessed of the usual organs, he periodically performed the simulated functions of menstruation; and that this deviation from the laws of nature, in his person, was not only inexplicable, but the source of the most painful and gloomy reflections. I enjoyed peculiar opportunities of observation,

which were faithfully improved. He had been the victim of this vicarious function for a period of three years, eliminating an apparent catamenial secretion, with the same regularity, and attended by the same indications by which it is characterized in the human female.

The fluid exuded, flowed from the sebaceous glands of the deep fossa behind the corona glandis, and was of a sanguineous appearance, homogeneous and thick. The quantity of this exudation varied from one to two ounces during each hemorrhagic period, and the duration of the periods from three to six days. The subject was then about twenty-two years of age, of a lymphatic temperament, and had never been contaminated by venereal disease. Though not prone to the indulgence of lustful passions, he was not innocent of having sometimes yielded to their promptings, which were especially potent immediately preceding his periodical purifications. I was made the sole repository of this gentleman's gloomy secret, and have not been heretofore permitted to divulge it; and even now the injunction of silence is but partly removed.

Medical literature abounds with the recital of strange and unaccountable departures from the boundaries, to which Nature has restricted this and kindred functions. The mammary gland in man, though only rudimentary in structure and conformation, has been known to rival its congener in woman, developing lobes, vesicles, excretory ducts, and areolar tissue. Its lactiferous function has been perfected, under certain auspices, to such a degree as to yield its peculiar nourishment for an indefinite time. Women have been known to menstruate through unusual channels, and at unusual times—the anus, the mouth, the nose, the ears, ulcerated surfaces, and the very pores of the skin have been made tributary to this sexual function. Females have menstruated during pregnancy, during lactation, in old age, and even in the tender years of infancy; while others, in the vigor of life and in robust health have never menstruated at all.

But this case, so analagous in all its features to the catamenial phenomenon, has no parallel that has fallen under my notice, and I believe stands alone in point of its wide divergence from Nature.

Hoping that the subject matter of this paper may awaken inquiry, and perhaps arouse intelligent discussion, or that it may elicit the publication of similar phenomena, I have the honor to be, very respectfully,

V. O. KING, M. D.

## EDITORIAL AND MISCELLANEOUS

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### THE MEDICAL ASSOCIATION OF GEORGIA.

The annual meeting of the Medical Association of Georgia will convene in the city of Griffin, on Wednesday, the 12th of April. A large attendance of the profession at the approaching session is greatly to be desired, as questions vital to the future usefulness of this body, and to the pecuniary interests of the physicians, particularly of certain sections of the State, will be presented for consideration. The present position of former master and slave, especially in the cotton growing region of the State, has resulted in great embarrassment and pecuniary loss to the physician. Their attendance is still required upon the *freedman*, but in quite the majority of cases, without any assurance of remuneration. The question then naturally arises, what can the physician do to protect himself? This is an important matter, and one that is exciting considerable discussion in the former slave States. As an evidence of the embarrassment felt by the profession, and the necessity of some concert of action, we will here give some extracts from a letter received a short time since, from two intelligent and prominent physicians of the State:

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"Believing your views on the questions about to be propounded, will have weight and influence with our medical community, before whom they will be brought for action, we take the liberty of thus addressing you, and requesting your opinion, as follows:

"1st. Is there anything contrary to the letter or spirit of the code of medical ethics, as adopted by the American Medical Association, or by the Medical Association of our

State, in offering to make contracts with corporations, plantations, or other bodies of operatives? Before proceeding further, we would say, there has never been any objection, we believe, to a physician's contracting with a corporation, town, or city, to do the practice of such body for a given sum. But heretofore, when negroes were slaves, and therefore property, the master was considered sufficiently interested in the well-being of that property to furnish them medical attention on his own account. Then it was generally agreed among physicians that making contracts was derogatory to the dignity of the profession, and injurious to its interests. Now, however, that the negro has ceased to be property, there are three points of practical interest bearing on the question. *The former master's* interest in the health of the negro has ceased, except to a very limited extent. *The negro*, as a paid laborer, receives wages insufficient to buy his clothing, meet his inconsiderate expenses, and pay in addition, his doctor's bill, from the beginning to the end of the year. If the negro dies before the expiration of the second or third month, after a long illness, the employer has no assets in his hand to pay for his medical attention. At the end of the year it will often be found that the negro has drawn his wages up to date, and has nothing left to pay his doctor's bill. These are not supposed cases; they have occurred to us in several instances. This subject was brought before the Medical Society of this town, in January, 1866, and it was thought best not to change the established custom in this particular, but to hold the planter personally responsible for any bill contracted on his plantation, and a notice to that effect was published in the newspaper. The result of the last year's experience has shown the entire insufficiency of this plan. In but few instances were physicians able to collect their bills, and, in many cases, lost them altogether, the planters declaring that the negroes were in their debt, etc. On the other hand, planters are willing and anxious, at the beginning of the year to make contracts for their freedmen, and assess each one his *pro rata* for the doctor's

bill. Under such an arrangement, they are willing to become personally responsible for the amount of the contract. The negroes, too, are generally willing, and anxious to make an arrangement by which they are assured of medical attention during the year, for a sum easily within their power to pay, no matter how much sickness they have in their family. It seems to us that the experience of last year should teach the physician the importance of making some arrangement by which he will certainly receive some compensation for his services, instead of risking his whole year's labor for nothing. We ask, then, in view of the above facts:

"2d. Supposing the system of contracting be contrary to the letter or spirit of the code of medical ethics,, would not any physician, or physicians be justifiable in disregarding it in that particular?"

While there is nothing in the letter or spirit of the code of ethics of the American Medical Association, which, if we mistake not, has, without change, been adopted by the Medical Association of Georgia, against contracts of any kind, still the great body of the profession has ever, and we think justly, condemned any system of contracting, other than that of a Federal, State, or municipal character.

But the great struggle for our independence, through which we have just passed, has resulted in a complete revolution of our social and political status. We must meet promptly the requirements of our changed condition, and in doing that, should adopt such a course that will result in the greatest good to all. The freedman still requires the attention of the physician. It is greatly to the interest of the planter that the laborer receive prompt and efficient medical attention. The physician, upon his part, must have some guarantee of remuneration, else he will be forced to leave his location, or abandon his profession. This will certainly be the result in those rich cotton districts, where, perhaps, three-fourths of the population are *freedmen*. The plan to be pursued in this changed condition, for the protection of the profession, is a question upon which there appears to



be quite a diversity of opinion. The Southern Medical and Surgical Journal is decidedly in favor of the *contract* system. It says: "It is plain that the *contract* system is the only one now practicable, for general purposes, and it behooves the profession to adopt some uniform scale of charges which will secure general support. If the physicians of each neighborhood are left to such desultory plans as each may see proper to adopt, the result will be continued dissatisfaction to all parties. If a uniform system prevails, each county will soon be mapped out into practicing districts, included in a radius of five or eight miles, thereby, securing a fair distribution of the labor and gain, and equalizing incomes. We have been in communication with physicians in different parts of the State, and find a general testimony borne to the value and practicability of the contract system, the terms being fixed by the distance and number of laborers."

The Richmond Medical Journal objects to the contract system, and offers the opinion that the mass of the profession would, at present, as strenuously oppose the contract system as heretofore. In lieu of this plan of adjustment, this valuable Journal suggests the following as likely to give the requisite protection to all interested.

"The following plan will, it is believed, be entirely satisfactory to all interested. In all sections of country, the employers of laborers are enabled, either by experience, or inquiry, to determine what, in a series of years, would be the average yearly cost of medical attendance, for a given number of employees. Of course the sum would vary proportionately with the latitudinal and local causes of disease, with the character of the laborer, etc. There would, however, be no difficulty in determining the probable sum necessary at each locality. This amount being approximately fixed for the year or month, it would be then necessary to provide for its payment, by a *pro rata* weekly or monthly deduction from the wages of all employed. This aggregate deduction would constitute a fund for the payment of the

medical attendant or attendants; each employee being, justly, allowed to decide the important matter for himself, and to select the physician most acceptable to himself or family. Each practitioner should present his bill for service actually rendered, this bill being strictly in accordance with the provisions of the appropriate city, village, or county fee-bill. At the close of each month, any unexpected balance of the fund should either be refunded to the employee or placed to his credit, for the next month, or quarter, as may be mutually acceptable. If the fund be insufficient, it should be temporarily increased. For securing entire satisfaction, the accounts in connection with this fund, should, by agreement, be subject to the inspection of all interested."

This would certainly be the most equitable adjustment of the difficulty; and, if it could be carried out in good faith, would be the very best plan. But we have our fears of its practicability.

We candidly admit that we are not yet satisfied as to the best plan of adjustment. There are three parties concerned; and we must, as far as practicable, make it satisfactory to all interested. If nothing better than the contract system is found practicable, for the protection of the practitioner, we would certainly favor that plan of adjustment.

But, as there is some conflict of opinion, and as all, we feel confident, are willing to do for the best, it is desirable that the profession, at least, in the sections of the State most interested, confer with each other, and with the planters, or contractors with whom they are in daily contact, and by delegates, or in mass, meet the profession at the approaching session of the Association, prepared to give all the information, that some action may be had which will for ever settle this vexed question.

By the following resolution, adopted at the last meeting of the Association, it will be seen that, at the approaching session, action, in regard to a change of one of the prominent features of the body, will be had:

*"Resolved,* That the permanent location of the Association

at some suitable place, in the opinion of this meeting, is called for by its highest interests; and that in view of said interests, we do invite and call upon its members in every portion of the State, to meet with us at our next annual meeting, and settle definitely this question."

We feel that this is an important question, and one that will have much to do with the future usefulness of the Association. Before action is taken, either for or against the permanent location of this organization, it is desirable that the question be canvassed in the auxiliary societies of the State, and where they do not exist, among the individual members of the profession, so that delegates and members may come prepared to represent the wishes of the profession.

One other question of equal importance to the above, was before the Association for action at its last meeting, the consideration of which was deferred until the approaching session.

We have reference to the proposed change of the constitution in regard to membership. The constitution, as it now stands, permits to membership licentiates in good standing in the profession. The change proposed is to exclude all, without any reference to scientific attainment, standing in the profession, or other qualifications, from membership in the Association, unless they have a diploma from some accredited medical school.

As a number of the members of the Association, and heretofore, some of the most zealous and scientific, belong to that class that it is hereafter proposed to exclude, and as the change proposed would necessarily require a change in the letter and spirit of the code of ethics of the American Medical Association, as adopted by this Association, we hope the change will not be made. There are many reasons, in our opinion, why this feature of the constitution should not be changed; but, as it is simply our object to call the attention of the profession to the contemplated action, we will not pursue the subject further.

We would again urge the great importance, both to the Association and to the profession, of a full attendance. Let none stay away for the reason that they are not members, as all physicians in good standing will, at once, be admitted to membership, and a participation in the deliberations of the Association.

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*Viburnum Prunifolium.*—(Black Haw.)

In the November number of this Journal Dr. D. L. Phares, of Newtonia, Mississippi, in an article headed "Lines on Indiginous Medicinal Plants," calls attention to the medicinal properties of the Black Haw.

We are again induced to call the attention of the profession to this comparatively new medicinal agent, that we may give our evidence as further proof of the favorable results claimed for it. Dr. Phares regards the *Viburnum* as a nervine, antispasmodic, astringent, diuretic, and tonic. He contends that in the nervous disorders incident to pregnancy and uterine troubles, such as cramps, palpitations, spasms, etc., it is a valuable remedy. He adds, "*that it is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise; whether threatened from accidental cause, or criminal drugging.*"

Within the past few weeks we have given the above remedy in two cases of threatened miscarriage, and in both with the most satisfactory results. The first case in which we administered it, was that of an exceedingly delicate lady, who, fourteen months previously, had miscarried between the fifth and sixth month. For a week or more preceding the administration of this agent, we had persevered in the usual remedies for threatened miscarriage, without accomplishing more than the mitigation of the pains.

For twenty-four hours before the use of the Viburnum, it required from one to two teaspoonsfull of the tincture of opium, every six or eight hours, to control the pains. In six hours after the first dose of the Viburnum, the pains were entirely arrested. As an evidence that the cessation was due to this agent, and not a mere coincidence, the infusion of Viburnum, through mistake, was suspended, with a return of the pains, which were again arrested by resuming the remedy. Anodynes, which were required in such large doses, before the administration of this new agent, have not been necessary since its use. The case, in every particular, is progressing favorably.

The second case, was a lady in her eighth month of pregnancy, who, for a week or ten days had been suffering occasional pains, with constant pain in the lumbar region, and cramps in the lower extremities, etc. Anodynes were administered, and sinapisms applied to the spine, with only temporary benefit; the pain and other troubles returning as soon as the effect of the remedies subsided. In this condition, the infusion of Viburnum was given, which promptly relieved all the trouble. She continues to take the remedy three times a day, and is progressing favorably. Another case similar to the last mentioned, with the addition of neuralgia of the face, was reported to me to-day, by a physician of the city, which was promptly relieved by the infusion of Viburnum.

The form in which we have used the Viburnum has been the infusion, or decoction of the bark. If the symptoms are urgent, we give from one to two ounces every two or three hours, until the pain is relieved, then lessen the dose, and lengthen the interval according to circumstances. As a preventive, we give an ounce of the infusion, three or four times a day.

## CORRECTIONS.

In the article "Medical Formulæ," by Dr. D. W. Hammond, published in the February number of this Journal, we, by request, make the following corrections: In recipe No. 2, for "recurring intermittents," the quantity of Fowler's solution of arsenic is one drachm, instead of one ounce. In recipe No. 22, "calcanthus" should be "calycanthus."

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

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*An Index of Diseases and their Treatment.* By THOMAS HAWKES TANNER, M. D., F. L. S., member of the Royal College of Physicians at Philadelphia. Lindsay & Blackinstone, 1865.

This is an excellent work, and one that the active practitioner will find a most valuable addition to his library.

The author's description of the character, symptoms, and treatment of the diseases discussed, is concise and comprehensive. The great object of the volume is to facilitate the daily work of the practitioner. Every active practitioner should have this little volume.

*A Handy-Book of Ophthalmic Surgery, for the use of Practitioners.* By JOHN Z. LAWRENCE, F. R. C. S., M. B. (Univ. London) Surgeon to the Ophthalmic Hospital, etc.. etc., and ROBERT C. MOORE, House Surgeon to the Ophthalmic Hospital, Southwark; with numerous illustrations. Philadelphia: Henry C. Lea. 1867.

To those who desire to keep pace with the rapid and wonderful improvements in Ophthalmic Surgery, and have no

time to read the ponderous contributions to this department of our science, would do well to procure this work. The author says: "In writing these pages, it has been our aim to bring the principles and practice of Ophthalmic Surgery within a small compass, to supply the wants of the busy practitioner, who may have neither time nor opportunity to read the innumerable contributions that Ophthalmic Surgery and Science have received within the last fifteen years."

We have read this little volume with great pleasure, and could not be induced, for thrice the published price, to be without it.

There are several other publications received, but as we have not had the leisure to look through them, we will defer any notice until our next issue.

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### TO SUBSCRIBERS.

In consequence of the extreme illness, for the past ten weeks, of the senior editor of our Journal, who has in charge the financial department, there has been no recognition of subscriptions received.

But, as we are happy to be able to state that he is rapidly recovering, receipts for moneys received for some months past will appear in the next number of the Journal. And in this connection, permit us to urge upon those who are in arrears to send at once, by letter or express, at our risk, their subscriptions for the last volume. It is a small amount to each individual subscriber, but the aggregate is extremely burthensome to us. Let each subscriber, then, make some sacrifice, if necessary, and send the amount due us; for we have made many, during the past year, in sending out the Journal.

*Sudden Death in a Dentist's Office.*

Last week Edmund Kerosin, a young man 23 years old, entered the office of Dr. Ralph Lee, a dentist of this city, to have a tooth extracted. Anæsthesia was produced by nitrous oxyd gas, a cork having been placed between the teeth to keep the mouth open. As the tooth was extracted, we understand, it slipped from the forceps, and, with the cork, was drawn into the mouth. The tooth was subsequently thrown from the stomach, but the cork—which does not seem to have been missed—entered the larynx, and by its presence there caused suffocation and death in an hour. A post mortem revealed the presence of the cork in the larynx, and the cause of death. This case and its lamentable result should serve as a caution to those who employ such adjuncts in the dental laboratory, and the physician who may be suddenly summoned to patients in a dentist's office, should bear in mind the possibility of an accident like this, and be prepared to open the larynx, if need be, which, in this instance, would, in all probability, have given instant relief, and saved the life of the young man.—*Phil. Med. and Surg. Reporter.*

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*What is Cod-Liver Oil?*

The Bridgewater Gazette, a New England journal, says that a physician in that place was recently called to prescribe for a somewhat illiterate old lady, and as cod-liver oil, in his opinion, was the remedy for her complaint, he wrote a prescription for the apothecary to put up, with the Latin formula, "Ol. Jec. Ass.," being an abbreviation of "oleum jecoris asselli," or in plain English, cod-liver oil. The medicine was procured, taken, and in a few weeks the lady completely recovered her health. A neighbor paid her a visit after her recovery, and, expressing surprise at her improved condition, inquired the secret of so rapid a restoration. "Why," said the old lady, lifting both hands in grateful enthusiasm, "it was that *beautiful* medicine, the *oil of Jackass*, that brought me on my feet again!"



# Meteorological Table.

*Meteorological Observations taken by J. G. Westmoreland, M. D., for the Smithsonian Institute, Feb. 1887, at Atlanta, Ga., Lat. 33° 45'—Lon. 7° 30'—Height above the Sea, 1050 feet. EXPLANATION OF TABLE—0 Signifies Fair; 10 Cloudy; 5 Half Cloudy.*

Day of Month.	BAROMETER.			THERMOMETER.			RAIN. INCHES.	CLOUDS.			WINDS.		
	7 A. M.	12 M.	6 P. M.	6 A. M.	12 M.	6 P. M.		6 A. M.	12 M.	6 P. M.	6 A. M.	12 M.	6 P. M.
1	29.6½	29.6½	29.6½	59	60	63	.06	5	5	10	S.	S. E.	S. E.
2	29.6½	29.6	29.6	59	59	59		10	10	10	S.	S. E.	S.
3	29.6½	29.5½	29.5½	43	53	53		5	10	5	S. E.	S. E.	S. W.
4	29.5	29.5	29.6	50	56	56		10	10	0	S. W.	S. W.	N. W.
5	29.5	29.5	29.6	43	43	53		5	10	5	N. W.	S. E.	N.
6	29.6½	29.6	29.6	57	43½	56		10	10	10	N. E.	S. E.	N.
7	29.7	29	29	44	50	43		0	5	0	N. E.	S. E.	N. W.
8	29.6½	29	29½	43	51	53		0	0	5	S. W.	S. E.	S. W.
9	29.7	29.7	29.7	50	53	53		5	10	5	N. W.	S. E.	S. E.
10	29.7	29.7	29.6½	51	56	56		10	10	10	S. E.	S. E.	S. E.
11	29.	80	80	80	36	29	.12	0	0	10	S. E.	N. W.	N. E.
12	80	80	80	40	44	40		10	5	5	S. E.	S. E.	N. E.
13	80½	29½	81	54	53	60		10	0	0	S. E.	S. E.	N. E.
14	29.9	80	80	43	50	50		0	5	0	S. E.	N. E.	S. W.
15	80	80	80½	63	66	65		5	5	10	S. W.	S. W.	S. W.
16	80	80	80	50	55	60		5	0	5	S. W.	S. W.	S. W.
17	80	80	80	43	53	63		5	5	5	S. W.	S. W.	S. W.
18	80	80	80	43	53	50		5	5	5	S. W.	S. W.	S. W.
19	80	80	80	61	63	63		5	5	5	S. W.	S. W.	S. W.
20	80	80	80	61	64	70		5	5	5	S. W.	S. W.	S. W.
21	80	80	29.9-10	64	67	60		10	0	0	S. W.	S. W.	S. W.
22	29	29	29.6	39	50	63		0	0	0	N. E.	N. E.	N. E.
23	29.8	29.8	29.9	53	53	53		5	5	5	S. E.	S. E.	S. E.
24	29.9	29.9	29.9	53	70	76		10	10	5	S. E.	S. E.	S. E.
25	29.9	29.9	29.9	64	74	73	1.00	10	10	10	S. E.	S. E.	N. W.
26	29.9	29.9	29.9	70	83	60		10	10	5	S. E.	S. E.	N. E.
27	29.9	29.9	29.9	53.9	60	60	.06	5	5	5	S. E.	S. E.	S. E.
28	29.9	29.9	29.9	54	54	56		10	10	10	S. E.	S. E.	S. E.

Vol. VIII.

APRIL, 1867.

No. 2.

ATLANTA

Medical and Surgical  
JOURNAL.

NEW SERIES.

EDITED BY

J. G. WESTMORELAND, M. D.,

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

W. F. WESTMORELAND, M. D.,

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

J. M. JOHNSON, M. D.

*Pax et scientia, sed veritas sine timore.*

PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE

ATLANTA, GA.:

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1867.

Postage 36 cts, a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.

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VOL. VIII.

APRIL, 1867.

No. 2.

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## ORIGINAL COMMUNICATIONS.

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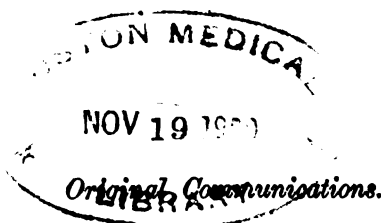
### ARTICLE I.

*An Address delivered at the last meeting of the Medical Association of Georgia. By the late President, Dr. J. T. BANKS, on retiring from the Chair. (Furnished for publication by request of the Association.)*

*Gentlemen of the Medical Association of Georgia.*

The time has arrived for me to return to you my sincere thanks for the honor you bestowed upon me at our last meeting, in electing me your presiding officer. This honor I have never regarded in a selfish light: it was not bestowed because of any special excellence or merit, but as a reward for my professional devotion, and my constancy to the interest of this Association.

In 1860, this Association held its annual meeting in the City of Rome, and bestowed its highest honor on our much esteemed and able brother, Dr. Hayden Coe, who, in the wisdom of God, has been taken from our Association, and placed beyond the reach of earth's fading honors, to reap his endless reward at the bar of the high Court of Jehovah. In our Association his death is painfully felt, having arrived at that period in life, when long years of labor and study were fast ripening into lessons of wisdom.



Then, Georgia was in the sisterhood of States that formed the once glorious American Union, and our Association annually represented in the American Medical Association. But, ere we met again, a combination of causes, grievous and unendurable, and dating far back in our history for origin, had culminated in, as we most earnestly desired and believed, a final separation. But, alas, how fallacious were our calculations! naught but problems in error awaiting the cycle of time for solution.

When last we met, it was in the beginning of a new era—one in which we painted ourselves in scenes of peace and happiness, in a harvest of plenty, in a confederacy of States independent and prosperous, and able to bear our *great sin of slavery*, over which puritanical New England had been weeping so long because of association. We saw ourselves in a prosperous future, seated beneath our own vine and fig tree, where none dared molest, or make us afraid. In the language of an imprisoned Confederate soldier,

“Fair as were our visions! Oh they were as grand  
As ever floated out of Fancy land;  
Children we in single faith,—  
But God-like children, whom, nor death,  
Nor threat, nor danger drove from honor's path.”

For four long eventful and historic years, we carried the olive branch in one hand, and the sword in the other. Forced to fight for our existence and independence, after making honorable overtures, and asking to be let alone to bear our own burden, and to reap the rewards of our own labor, I now feel a clear conscience in the sight of God, that the blood of millions cry not aloud at our door.

As I before remarked, our last meeting was in the beginning of a new era. Georgia, in her sovereign capacity, had, for good and sufficient cause, withdrawn her voluntary co-partnership with the Federal government, and with other sister States that had acted likewise, formed for themselves a new government. Under its ægis, our Association, by resolution, invited the State Medical Organizations within

the limits of the Confederate States, to consider with us the propriety of organizing a Southern Medical Association; but ere this invitation could be acted upon, or this Association meet again, our fair land was deluged in blood, and our professional services called from their peaceful labors in the fields of science, to the more dazzling work of the gory field.

But may it be that the God of War has drank to fullness of the gory bowl, that peace may spread her nestling wing again over our oppressed and ruined people, guarding and protecting them against the ruthless hand of a fanatical tyranny they so earnestly sought to escape, and revivify the feeble germ of liberty, life, and hope, that it may again grow in prosperity and power! We must again buckle on our armour, and, as honorable contestants, enter the fields of Medical science. These fields are daily extending as science progresses, and are equally inviting and productive now as when Sydenham, the great father of English Medicine, labored therein. They are the same fields that the jewels of our profession have labored in, from the dawn of science until the present time. Let us, with the same self-sacrificing industry, continue the good work. Let wisdom, guided by observation, handle the pruning knife. Let the bold experimenter engraft in fruitless trees the improvements and the inventions of genius; and let philosophic investigation and inductive reasoning fertilize the soil.

To do this work, we must have harmony and concert of action. To have these, requires the *faithful performance of our duties* to our patients, our profession, and the public. Perform these duties, dismantled of selfishness, in a spirit of liberality, governed by the principles of honor, and actuated by a proper appreciation of our profession, and no pen can write our merited eulogy. These duties are plainly taught in our Code of Ethics, and every member of this Association is pledged in honor to conform to these rules, as far as possible. To be ignorant of them, or to violate them for selfish purposes, is to trifle with our plighted honor. I am

aware, that, in our present state of Medical Science, and the ignorance of the public of our professional acquirements, an exact technical conformity with the demands of our Code is impossible. But imperfection is no license to error : it should serve as a healthy stimulus in our efforts to attain a higher standard of professional excellence.

The study of our cases, for their professional interest, is evidence to all observers of an honesty of purpose, self-reliance in our profession, and a sincere desire for its advancement upon true scientific principles. It will elevate it in the estimation of observers above the paltry consideration of dollars and cents, showing one significant and no less commendable difference between the *isms* and deceptions of the day, and true legitimate medicine.

"There is no profession, from the members of which greater purity of character and a higher standard of moral excellence are required than the medical." To attain the highest standard of moral and professional excellence attainable, should be the ambition of every doctor. So often have we heard our profession charged with corruption, and though satisfied that this charge is in the main without foundation, yet I am pained to admit that it is sometimes true. The cry of disease and danger are sounded in the ear of the confiding : a system of medication is at once adopted, long, tedious, and confining, only to terminate when an enormous bill can be plausibly exacted.

Such thievish malevolence can not be too severely punished, and when detected, should be made an object of public scorn. But we should be slow in believing the many reports and accusations against our professional brothers that come wafted on the breeze of public gossip. Many, very many, of them are false ; they would pull down the reputation of one, while they endeavor to flatter the vanity of another, that the spawner of the lie may profit by it. Over them let us spread the mantle of charity ; pity, rather than censure them : they know not what they do. Daily they refuse the

services of honest scientific physicians, and encourage by their patronage the veriest quacks and boastful pretenders, until taught by piercing pain, and empty purses, in the school of experience, their sad mistake.

Of the scientific claims of physicians, it is unfortunate that the people, the party most interested, are, in the main, incompetent to decide; and therefore it is of vital importance to them that our profession should be well informed, and *honest* in practice. But say many, you doctors differ so much we can not tell who is right, or who is wrong! If scientific doctors differ, so do lawyers, divines, statesmen, warriors, civilians—all! Doctors disagree, and in the very nature of things must continue to do so, as long as it is the lot of man to work out his own temporal destiny. When the diversified interest of man is harmonized—when the bond of brotherly love shall enclose the family of man with our interest and our destiny—then, and not till then, will these differences be no more. But should *scientific medicine* be rejected because doctors differ? If so, reject the gathered harvest because *agriculturists* differ; reject all forms of government because statesmen differ; yea! reject the Bible, the revealed will of God, because divines differ; reject it because more than a thousand different religious sects found their faith in its teachings—each claiming for itself the high prerogative of being the only true church.

But how is true scientific medicine to be known? As a tree is known by its fruit, so is true scientific medicine known by the results of its labor. As a general rule is recognized and strengthened by the few exceptions which present its universal application, so is the tree of true scientific medicine known by the puny off-shoots of its own defects. It is known by the field in which its labors are found. It is not bounded by the limits of the vegetable or mineral kingdoms, but is co-extensive with the explorations of science. It is not limited to the exclusive use of water, either cold or hot. Its devotees worship at the shrine of no theoretical



dogma, no "*similia similibus curantur*;" nor the opposite of "*contraria contrariis curantur*" can fix a boundery to its labor, or limit its usefulness. It is known as the heir of the accumulated medical knowledge of all nations. And lastly, it is known by the simple yet ancient title of its followers; viz, *Doctors*. Here let me caution our thoughtless brothers against the disingenuous effort being made by the isms and pathies of the day, to force upon us an additional qualifying title. This is the more necessary because a few ignorant or inadvertent admissions have aided our enemies in directing the public mind into the error, that we, too, practice a system of exclusivism. That because a few became prejudiced against some potent mineral medicine, (resulting from misapplication, or abusive use) and founded a system of medication limited to the use of vegetables, and calling themselves Botanics, we must of course, be distinguished, be called mineral doctors, and be opposed to the use of their more favorite remedies; or, because a few, calling themselves Hydropathics, and limiting their medical information and application to the exclusive use of water, that we must be opposed to its use, and ignorant of its application; or, that because the adoption of, fanciful theoretical dogma of the Homeopathist, of like curing like, we of course must adopt the contrary system, and be Allopathist, a term applied to us by the Homeopathist, and now through the improper admission and use of the term by some of our profession, our distinguishing title in the common literature of the country. This is all wrong: it places us in a false light before the public. We are not, and never have been exclusionist. *True scientific medicine knows no other title for its Alumnus but that of Doctor.*

The history of Medicine teaches that for years and years its leading spirits were the advocates of erroneous theories; but the age of inductive philosophy in which we live, has by a different and more correct mode of reasoning, disposed of them, to be known no more but in history. This is an

era of scientific progress—an era in which the science of treatment of diseases has made more progress than any of the so-called learned professions. This can be the better understood, when it is known that the rapid improvements and developments in Natural science tend more directly to the advancement of our profession than any other. Physics and Chemistry are now the handmaids of Medicine. Practice, that a few years ago was empirical, is now national and scientific. The Chemical analysis of the fluids of the body, in health and disease, often enables the scientific physician to prescribe, with almost a mathematical certainty, the needful remedies. The closeted Chemist of France, Germany, or of any other government, makes a discovery, and it is at once heralded to the limits of civilization, and applied by our profession for the benefit of all. Scientific Medicine is the common property of the Medical students of all nations. As our government advances in medical lore, so is the pathway of Medicine illuminated in every other. Our *body medical* extending to the limits of civilization, and having, and tolerating no medical arcana, but laboring as a band of brothers, wherever found, for the same noble and philanthropic purpose, gives us, by this united and coöperative labor, a great advantage in progress over other professions, and makes it, to every thoughtful observer, an object of admiration.

This Association has been called, that we may again labor together in the fields of science, and continue to elevate the science of Medicine in the estimation and admiration of the observing public. Our annual meetings afford us recreation from our arduous labor, and are alike convivial and instructive. Here, each one adds his mite on the altar of our profession for the common good. Here, we are, by association, merged into the profession, making our action the action of the profession. Then let us smooth down the asperities which are naturally engendered, even in honorable competition, and in our action know nothing but our profession, its interest and advancement.

In addition to Essays, Reports, and Communications, a few important subjects should engage our attention at this meeting. The new feature adopted at our last meeting, of awarding prizes for Essays, should, in my opinion, be continued. The importance of a law requiring and regulating the registration of births, vaccination, marriage, and deaths, should continue to be urged upon the consideration of our law-making power. These subjects require no argument at my hands to enlist your interest.

The propriety of locating our Association at some convenient, accessible, and commodious place, is a question that was postponed for further consideration at our last meeting, and claims your attention at this. Let us meet this subject in a spirit of fairness, liberality, and compromise, looking alone to the interest of the Association. In my opinion, it is of paramount importance to the Association that it be located. If you wish to build up a professional reputation for Georgia, this is the channel in which to labor. It will soon inspire a commendable Medico-State pride that will gather together an extensive Library and interesting Museum. There we can deposit our private collections without favoritism, and feel that we are not only adding to, and advancing the claims and usefulness of our science, but we are also recording our names in the history of Medicine, to live in praise of our industry and professional devotion when all else may be forgotten in death.

In conclusion, permit me to commend to your faithful care the interest of our Association, and through it our *noble profession*. Noble, because of our exalted mission. It is in the fulfillment of our mission—the highest and noblest work of man—that man, made in the image of his God, approximates nearest the attributes of a God. What picture of business life can excell that of the true, faithful, scientific physician? View him in faithful performance of his duties, countless of cost, and regardless of danger! Disease may paralyze his limbs and pale his cheeks; but fear never.

## ARTICLE II.

*Pathology and Treatment of Milk-sickness.* By W. B. MILLER, M. D., of Calhoun, Ky.

We have no positive knowledge of the exciting cause of this disease. Medical talent has exhausted the field of conjecture, and left nothing new to advance, except an undoubted solution of the problem.

Some have found this protean entity in various productions of the vegetable kingdom—generally in the class of acro-narcotic poisons; but are met with the objection, that the habits of the vegetable flora are different—occupying extensive ranges of country, while the disease in question prevails in areas, limited and sharply defined. In other words, that the effect, milk-sickness, should be coëqual with the cause, vegetable poison. Others find this ignis fatuus in a marsh, and insist upon its miasmatic origin, in as much as it is most prevalent in the miasmatic season, and is attended with gastric and hepatic lesion, in common with paludal affections; but this view is liable to the fatal objection, that a large majority of the cases of milk-sickness are destitute of the sign and seal of marsh poison—periodicity. Another class derive the cause from mineral strata, alleging, with apparent plausibility, that the geological distribution of certain mineral poisons corresponds with the geographical range of milk-sickness; that the pathological phenomena of slow mineral poison are so nearly analogous to those of the so-called milk-sickness, as to point directly to a common origin. To the last, the reply is, that geological and geographical concurrence, if established, might have no relation as cause and effect, and that their analogy is too discrepant to pass for identity.

The pathological history and therapeutic treatment of the disease offers a more hopeful and profitable field of investi-

gation ; at least, we are not left to the total darkness of blind hypothesis, but have some established facts upon which to base theory, and from which to deduce practice.

Dr. J. M. Johnson, in an able and elaborate article, published in this Journal, has given so graphic a delineation of the disease, that it would be useless reiteration to recapitulate the symptoms.

All observers agree that, in the incubative stage, the characteristic symptoms are nervous and muscular debility. In the primary stage of full development, we have augmented derangement of nervous and muscular function. At this period, I have rarely found evidence of organic lesion ; and I think the subsequent symptoms which pertain to this affection, *per se*, may, without violence, be ascribed to local suppression of nerve power. In other words, paralysis of the small intestines is the center around which revolve the varied phenomena of the disease.

We invariably find the small bowels torpid : indeed, so utterly deficient in excitability, that they fail to respond to the powerful stimulons of acrid purgatives ; and so destitute of tone, that they speedily become distended with their fecal and gaseous contents. That the cerebro-spinal and vascular systems are only secondarily involved, is manifest from their comparatively slight degree of disturbance, except, indeed, in the ultimate stage of severe cases for which the toxical properties of the blood derived from absorption, deficient depuration, and perhaps occasional complicity of the disease with marsh poison, may, in part, account.

The concentrated influence of the poison upon the small bowels is probably because the stomach and duodenum being capacious, and frequently washed with draughts of water, to allay attending thirst, the poison mixed with glutinous matter is swept into the intestines, where it is liable to lodge and accumulate, in consequence of their small caliber and tortuous position.

The virus being in immediate contact with sympathetic

nerve capillaries while exercising a direct influence in lessening the muscular irritability and tone of the bowel, reflects its sedative effects upon the corresponding nerve center, diminishing its capacity for the reception or conveyance of impressions. The reverse of this condition obtains in the superior portion of the intestinal tube, evidenced by gastric irritation, augmented mucus, and biliary secretions, and excessive emesis—illustrating a physio-pathological law—that suppressed function is followed by vicarious effort at compensation. Warned by the sentinal nerves, still competent for the duty, the stomach and duodenam are goaded to powerful and spasmodic effort for casting out the offending cause.

An orgasm in the stomach and duodenam that is sufficient to produce muscular contraction to the extent of prolonged and severe vomitive effort, should be ample to produce stricture in the more sensitive and contracted volvular aperture, at the inferior orifice of the duodenam; and, accordingly, we so find it to a degree that occasionally precludes the passage of even bland fluids to say nothing of acrid ingesta. The rectum and sphincter ani receiving their supply from the cerebro spinal system retain more of their normal condition. The superior and inferior parts of the alimentary canal may be compared to positive and negative electric poles, and the intervening poison to the non-conducting substance that bars equilibrium. The small bowels, containing the poison, may be likned to a closed sac, tyed at one extremity by stricture, and at the other by torpor.

The mucus lining of the intestinal tube receives its nerves almost exclusively from the ganglionic system; and since the intestinal ganglia do not yield the nervous supply necessary for the intestinal contraction, except by their centripetal nerves through stimuli of substances in the intestinal canal (Gross,) our remedies should be applied accordingly. It is clear, however, that, before we can obtain access to the point of invasion, we must allay gastric erethism and duodenal stricture. This we may accomplish by counter irritation and the internal or endermic administration of Morphia.

The next desideratum is a stimulant cathartic of special nerve affinity, and of sufficient energy not only to vanquish the specific inertia induced by milk-poison, but to excite the bowels to vigorous effort for the prompt expulsion of the morbid cause.

The Oil of Turpentine, in the combination recommended by Dr. Johnson, to wit:—Ven Turpentine, Castor Oil, and Comp. Spts. Lavender, fills the indications precedent, and hence its remarkable efficacy in the treatment of the disease.

My own clinical experience for twenty years, and that of my father and preceptor, Dr. W. Miller, for a much longer period, fully coincides with Dr. Johnson's report of its remedial powers. I have rarely had occasion to resort to any other agent for its successful treatment. When called to advanced cases, where the vital powers were rapidly sinking, in connection with the above remedy, I have used actively the diffusible stimuli, with Quinia, Strychnia, and suitable aliment to render permanent advantages thus obtained. The calorific function in this, as in nearly all other cases of poisoning, is remarkably modified, and must be sedulously guarded and assisted, when requisite by artificial means.

A majority of practitioners in this section rely upon opiates, stimulants, and the persevering use of alkaline effervescing salts, in the treatment of milk-sickness. I have never tested this treatment, but with my pathological views, can readily credit the report of its general success. Opium, in allaying spasm, arrests the regurgitive current of bile through the stomach and œsophagus, and returns it to its natural channel. Bile is a peculiar and appropriate intestinal stimulant, distilled for that purpose from natures alembic, and acting in conjunction with alcoholic reinforcement, arouses intestinal sensibility, while the purgative property of the salts completes the curative movement by aiding in the expulsion of the poison.

It is probable that alkalis, having numerous chemical affinities, may enter into a more or less antidotal combination with the poison. All know that acids, which are always in excess in effervescing mixtures, have been recommended by high authority, and used with undoubted success, as a prophylactic to lead poison.

## ARTICLE III.

*Trismus Nascentium*. By JNO. M. LANGHORN, M. D., of Uniontown, Ala.

DR. J. M. JOHNSON'S remarks, introductory to an article on the diet of infants, by Dr. Cummings, that "were mothers to hold their infants by the heels occasionally, in imitation of the position occupied by the foetus for some months prior to its birth, many cases of *Trismus Nascentium* might be prevented," suggests to me the enquiry, whether, in the altered circumstances of the case after birth, there is not ample compensation for the lost effect of gravity merely, in the foetal state, to be found in the stimulating effect of oxygen entering the lungs of the newly born infant, notwithstanding the fact, which is unquestionable, that the more general distribution of the blood, especially in the direction of the lungs, does abstract the stimulus of mechanical pressure from the brain. But is not this more likely to produce syncope than trismus? Amongst the various opinions concerning the cause of *trismus nascentium*, whether from the shock caused by violent protracted pressure during parturition, or from the dorsal decubitus of the infant, practiced by many mothers, (negroes especially) supposed to produce cerebral irritation from the overlapping of the parietal bones, or the congenital obstruction of the ductus communis, resulting in the jaundiced condition which is commonly met with. I am inclined to the opinion, that none of these explain the true cause of the disease; as we have in puerperal mania and phrenitis and meningitis, examples of kindred affections to the former, whilst we have in hepatitis an example of the latter. But in none of these affections do we witness the symptoms of *trismus nascentium*. But we have a source as constant as the multiplied millions that are ushered into life, whence may legitimately arise the



disease in question. I refer to the umbilicus. Here is, at birth, an aperture for the accommodation of the foetal vessels, which must be closed by the contraction of its marginal bandage to a focus; more or less constrictory force is engaged, according to the presence or absence of inflammation during the process of closing and cicatrization; the navel is always more sensitive even in health than the surrounding parts. Now, we may find here circumstances singularly opposite to the cause of traumatic affections. A mechanical cause operating upon a highly sensitive aponeurotic (in its literal sense) center, similar in its effect and operation to that of a foreign body, in contact with a nerve, invariably associated with symptoms of inflammation of the umbilicus at first, which may disappear for the most part upon cicatrization, to be propagated to the peritoneum, and thence to intestines and liver, resulting in grave disturbance of the functions of the latter.

We find trismus nascentium to occur, and always about the 9th day—on that of the culmination of acute diseases—and with such uniformity in this particular, as to be commonly known as 9th day fits.

We believe, then, that the disease invariably proceeds from this cause, and that it is associated with grave peritoneal inflammation, transmitted through the medium of inflammation of the foetal vessels, and subsequently reflected to the whole abdominal viscera, and have, accordingly, addressed ourselves to the treatment of it, with results which, according to all the light which we have upon the subject, a parallel in success.

We sometimes have found an elevated and inflamed and hardened ring around the now obliterated aperture which we have nicked in several places with the lancet, and at the same time we apply spirits of turpentine to promote suppuration of the part, whilst we cover the whole abdomen with a poultice smeared over thickly with turpentine and lard, or

olive oil, in equal parts, which we keep constantly applied, and removed frequently, and give the following:

R—Calomel, grs. viij.

Ipecac, grs. iij.

Prepared Chalk, grs. xxxvj.

Ext. of Hyoscyamus, grs. viij.

Fiat Chact. no. xij.—S. one every 3 hours.

And at the same time, we give Tinct. Cannabis Indica, 8 to 12 drops every half hour—ascending or descending in the dose as the case may require. Under this plan of treatment, we have cured one half of the cases treated, when we have been notified of the first appearance of the symptoms; and believe that were our efforts properly seconded, even a larger proportion might be saved.

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#### ARTICLE IV.

*Extracts from the Minutes of the Atlanta Medical Society.*

By DR. W. S. ARMSTRONG, Demonstrator of Anatomy, Atlanta Medical College.

Dr. O'Keefe reported a case of Uterine hemorrhage, of three month's standing, in a lady about forty years old. She was the mother of several children; the youngest of which was eighteen months old. During the time stated, she had taken a number of remedies from another physician, with more or less benefit. The patient was feeble and auernic, had no appetite, pain in the back and illiac regions, and required the use of morphine to procure sleep. After the use of lead and opium, for about a week, an examination of the uterus, with speculum, was thought necessary.

No displacement or organic disease of that organ was discovered ; but the os and cervix were pale, relaxed, and flabby.

The cause of the hemorrhage was thought to be passive congestion, with a relaxed condition of the lining membrane of the uterus. The bromide of potassium was now administered in scruple doses, three times a day, with no benefit whatever. A combination of spirits of turpentine, wine of ergot, tincture of cinnamon, and tincture of opium, was next employed, with the happiest effect. Under its use, in a few days, the hemorrhage gradually subsided, and has not returned since. Chalybeate tonics were given to restore the shattered health, which, in a few weeks, was fully established.

Dr. Alexander agreed with Dr. O'Keefe in the pathology of the case, and was in the habit of relying mainly on the spirits of turpentine in such cases.

Dr. W. F. Westmoreland mentioned a case of uterine hemorrhage recently seen, which had existed for a year or more, and which depended upon a soft intra-uterine tumor. The tumor was felt through the patulous os uteri, and was removed by drawing down the uterus with a hook, and separating it with the fingers.

Dr. J. M. Johnson had recently met with a case of constant uterine hemorrhage, in which he detected a solid substance in the os uteri, and finally extracted the result of a pregnancy. The hemorrhage, before and after this, was very annoying for several weeks. After the expulsion of the embryo, moles, or other similar organizations, escaped at different times,—hemorrhage continuing most of the time. At this stage, applications of cold water seemed to correct the hemorrhage. Ergot, he thought, should have been given when he first saw the case, but was not.

Dr. Alexander mentioned, in this connection, a case under his charge, at present five months advanced in pregnancy, in which frequent hemorrhage has occurred, without interfering with the development of the fœtus.

Dr. O'Keefe remarked that he had a case, in all respects, similar.

Dr. W. F. Westmoreland reported a case of delirium tremens, which terminated fatally. Convulsions had been present for a day or two, but subsided under the use of chloroform inhalations, and finally returned, and resulted in death.

Dr. Douglas thought chloroform useful in all cases of the disease.

Dr. Word mentioned a case of delirium tremens, with convulsions, occurring two or three weeks after hard drink, which was treated by opium, with no benefit. He became quiet under the use of chloroform inhalations; but the frequency of respiration was so seriously interfered with, as to require its suspension. Chloroform was then used internally, with the effect of increasing the delirium; and he died in that condition. He thought the remedy did an injury, and, perhaps, hastened the fatal issue.

Dr. Alexander reported a case of delivery, in which chloroform had been used, followed by excessive nausea. No hemorrhage appeared; but on turning the patient from one side to the other, a large amount of water was discharged, greatly to the relief of the patient. An explanation of this phenomenon having been asked by Dr. Alexander, some of the members expressed the opinion, that extra cysts existed in some instances of utero-gestation.

Dr. J. G. Westmoreland reported a case of painful condition of the anus, in its symptoms, resembling that of fissure. From digital examination nothing was discovered except internal hemorrhoids. He thought the pain unusual from this condition alone.

Dr. W. F. Westmoreland thought the pain resulted from violent contraction of the sphincter ani, probably from fissure.

Dr. Douglas thought that fissure imperfectly developed sometimes produced pain of this character.

Dr. Word said he agreed with Dr. W. F. Westmoreland in regarding this a case of fissure of the anus, and recommending the use of nitrate silver.

Dr. W. F. Westmoreland reported a case attacked with fever, violent pain in the head, and contractions of the flexor muscles of the leg. He thought the symptoms were those of cerebro-spinal meningitis. The patient died the third day. His object in mentioning the case, was to elicit from members the plan of treatment pursued.

Dr. W. S. Armstrong said that he had met with many cases in the army. The most prominent symptoms were violent pain in the head, soreness and contraction of the muscles of the nape of the neck and back, often producing opisthotonos. Strabismus was occasionally met with; the pupils were sometime contracted, but most often dilated.

General hyperaesthesia and intolerance of light were present in many cases. The pulse was sometimes below the natural standard, but oftener above. These cases generally proved fatal in a very few days.

Post mortem examinations invariably revealed adventitious deposits of lymph of yellowish-green color between the membranes of the brain, on the superior surface at the base, and around the spinal cord. Effusion of serum in the ventricles was present also.

He remarked, that he could not recommend any particular plan of treatment as likely to prove beneficial. He has used quinine and opium, calomel, drastic cathartics, blisters to the head and spine, and cups; on the other hand, he has used stimulants, but with no better results.

Dr. W. F. Westmoreland, in his treatment of the disease in the hospitals, did not find it so constantly fatal. He considered cerebro-spinal meningitis and diphtheria, only forms of malignant epidemic influenza.

Dr. J. M. Boring had found recovery to follow the use of large doses of calomel and opium, blisters to the nape of the neck, and cold to the head. He found the symptom of muscular contraction common in the cases observed by him.

Dr. W. F. Westmoreland mentioned the progress of the case mentioned at the last meeting, having symptoms of fissure of the anus. The case had been more critically examined, and fissure discovered, with painful contractions of the sphincter. Forcible extension of the sphincter, with the fingers, was resorted to, with the prospect of success.

## SELECTIONS.

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*Case of Vicarious Menstruation.* By Dr. MASON, Ayr.

(*Edinburgh Medical Journal*, September, 1866.)

Dr. Mason places on record the following singular case: "About the middle of March of the present year, I was requested by my friend Mr. Halden to see a patient whom he had been attending for two or three weeks, but from illness was unable at the time to continue his visits. The patient is a young lady, fifteen years of age, residing at a boarding school in this town; her native place being Liverpool. On calling, I was furnished by the lady of the house with some of the previous history of the case, with which I think it would be better to begin.

"When eight years of age, Miss —— first began to menstruate, and continued to do so regularly until eleven; menstruation then ceased, and did not reappear until she was thirteen, since when up to the middle of February, 1865, it continued regularly. At that time Mr. Halden was requested to see her, and found what appeared to be a large abrasion of the cuticle in the middle of the right cheek, suppurating in the centre, and inclining to bleed towards the circumference. This sore was exceedingly obstinate, refusing to yield to the local and constitutional treatment resorted to. As far as I can gather, dilute nitrite of mercury ointment, caustic, &c., were applied, and cod-liver oil and iron exhibited internally.

"During the summer, Miss —— went to Liverpool, her face still unhealed, and, I believe, menstruation very irregular. She was then attended by a medical gentleman; but her face continued so bad, that she did not return to Ayr until the winter. Her medical attendant in Liverpool used locally a solution of sulphate of copper, and covered the part with goldbeaters' skin. Of his constitutional treatment and other *local* applications, I am not prepared to speak with accuracy, as the young lady could give me no clear account of what had been used. From the time her face healed (which I think was in October) until I saw her in the following March, she menstruated every month, the discharge lasting six days each time, and being profuse.

"When I saw her she had a large *patch* on her right cheek close under the lower eyelid, and extending from the outer border of the malar bone to the side of the nose, and about three-fourths of an inch in breadth. On examining it, it appeared as though the cuticle had *melted away*, and numerous little specks of blood were seen on the surface, which was quite wet with a thin serous discharge. An hour before I came, she exclaimed, 'Oh, I feel another place on my face again,' and *immediately* the above appearance was observed. The occurrence of these patches is accompanied by a severe burning pain in the part, lasting for two or three hours. Until very lately, she had not the slightest intimation beforehand that another place was about to break out; the suddenness with which they appeared being almost incredible. Latterly, I observed her lean her head upon her hands, and wear an almost anxious look; and on questioning her, she said she felt rather giddy, and in a quarter of an hour or less another place would break out. It is remarkable that these outbreaks *generally* took place about the same time each day—eleven A. M. Sometimes they occurred in the afternoon, but *by far* the majority at the time specified. As each day almost some new patch occurred, I was very anxious to be present at the time they occurred, and learning the regularity with which they appeared at eleven in the forenoon, timed my visits accordingly. The next day, as I was dressing my patient's face, she exclaimed, 'Oh, I feel a place on my arm.' I at once turned up her sleeve, and there was a large oval patch, fully two inches in length, and one in breadth, on her left forearm, presenting the usual appearances. Here I should mention that these patches assume two different aspects at the outset; sometimes the one and sometimes the other obtaining. The one at the outset appears like a dew of blood, the other has a greater tendency to a serous discharge ending in suppuration. Those that bleed most heal the soonest. But before the places heal (which generally takes place in five or six days) both suppuration and hemorrhage often occur in the same place.

"The hemorrhage, I should observe, does not consist merely of the dew of blood referred to—that is only at the outset—but it is actual bleeding as from a cut, the blood sometimes streaming down the face or other part attacked. The worst place she ever had was on the chin: it did not heal for nearly four weeks, and suppurated freely, the bed-

clothes in the morning being often soiled by the discharge, but it also at times bled considerable. As soon as one place was healed, it broke out in another, or in the same place over again, some of them having occurred in the same place four or five times. It were tedious and useless to describe all the places that were affected, as all were so similar; suffice it to say, that her face was covered, her chest twice attacked, and both arms and legs.

"For some time I was much at a loss to satisfy myself as to the true nature of the case, but finally came to the conclusion that it was vicarious menstruation. During the course of her attack, I sent Miss —— into Glasgo to see Dr. McCall Anderson, and he formed the same opinion of the case as myself, and kindly suggested to me, in a letter subsequently, some alterations in the treatment, to which I shall presently allude.

"While still suffering from the complaint, Miss —— had a severe attack of whooping-cough, which seemed greatly to aggravate the patches on her face, causing them to bleed freely. This, I have no doubt, was caused by the mechanical exertion during the paroxysms of coughing, sending the blood to the face. At this time also she had frequent and copious epistaxis, generally after a fit of coughing, or after the retching thereby induced; and this somewhat relieved the parts attacked.

"A few words now as to the treatment. When I saw Miss —— she was then using the solution of sulphate of copper to the original spot in the centre of the right cheek, but had not yet applied anything to the new place which had just appeared an hour before my visit. I sent for some oxide of zinc powder, and dusted it well over the part affected, and then covered it with goldbeater's skin. To the original sore I continued the solution, and so could compare the effects of the two applications. The solution caused a good deal of smarting, which continued for some time after its application; but no inconvenience was experienced after the use of the powder. I tried the solution to some new parts, but it only seemed to aggravate them. The original sore was, however, healed by it; but this part, from the first, differed from all the subsequent ones, as it penetrated much deeper, and suppurated very freely for a long time; it is the only place where any scar is left, and it is trifling. Each morning I removed the goldbeater's skin that I had applied



the previous day; and, after bathing the part with tepid water, carefully removed the scabs that had formed, so as to prevent the occurrence of cicatrices. The places that appeared on the chest and arms I treated somewhat differently. On their appearance, I bathed them with cold water, and then applied glycerine, and dusted the oxide of zinc powder over it, so as to form a crust; the arms were then loosely bandaged. This plan succeeded admirably on the arms and chest, but did not answer well on the face. Very few scabs formed on the patches on the arms, and they did not bleed so much as those on the face, and healed much more rapidly. The parts affected on the legs bled freely.

"Internally, she got cod-liver oil and the muriated tincture of iron, with liquor arsenicalis. Aloetic purgations were also exhibited, so as to keep the bowels freely open, especially at the time that *any* appearance of menstruation occurred. A hot mustard hip-bath and leeches to the inside of the thighs were employed at the suggestion of Dr. M'Call Anderson, and I think with much benefit.

"In conclusion, let me very briefly recapitulate some of the most striking points in this case.

"In the *first* place, we notice the very peculiar appearance presented by these spots; the thin serous discharge with numerous specks of blood seen in some of them; and the copious dew of blood, followed by actual hemorrhage in others.

"*Secondly*. The instantaneousness of their appearance; the skin appearing perfectly whole and healthy one second, and melted away and bleeding the next—it being only lately that any giddiness betokened their appearance.

"*Thirdly*. The almost uniform regularity with which they occurred, about eleven every forenoon.

"*Fourthly*. The pertinacity with which patch after patch succeeded one another, and the obstinacy with which they so long refused to yield to the influences of remedies.

"Miss ——— has now been quite free from any spots for about six weeks, and no traces of them are to be seen, except when she gets heated or excited, and then the parts that have been attacked look very red. The original spot has left a small depression, but little noticed. And now comes a singular fact, and that is, that although healed and apparently well, her menstruation is not yet properly established.

"During the period that I was attending her, she men-

struated *one day every week* for four weeks, there being, however, very little appearance. Then a fortnight would intervene without any menstruation, and then it would begin again as before. And now that she seems perfectly well, I learn that the menstruation is still being carried on in the same manner, the discharge, however, each day of its occurrence being more copious. She is still continuing the cod-liver oil, and has resumed the iron and arsenic, which had been omitted for a short time. On calling two days ago, I was told that Miss —— had felt dizzy, and that some of the old spots on her face were looking red and angry; I accordingly ordered leeches to the insides of the thighs, and the threatened attack seems to have passed off. But until regular menstruation be established, I shall not be surprised at a recurrence of the attack.”—*Half-Yearly Abstract.*

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*On the management of Weak New-born Infants.* By professor DEPAUL.

(Journal of Practical Medicine and Surgery, ~~October 1866~~.)

Professor Depaul remarks that while abundant attention is given in obstetric treatises to the treatment of healthy new-born infants, and those who are seemingly still-born, little space is devoted to the care of the weakly. This want he endeavors in part to supply. He thinks that authors have not laid sufficient stress on certain deceptive appearances, which seem to imply that the infant is out of danger because it takes the breast, and seems to suck.

The fact is, however, one of very common occurrence; the infant apparently sucks, but does not increase in weight, and after a time discontinues its fruitless efforts, screams more frequent, and wastes away. In order to discover whether suction is efficiently performed, the child should at the time he appears to be taking the breast with most vigor, be removed from its nurse, and the presence or absence of milk in its mouth be ascertained. The paid nurses at the hospital are required every day to make this experiment. Mr.

Depaul also endeavors by all means to rouse from their indolence the wet-nurses to whom puny, delicate infants have been intrusted, when the nursling takes the breast but imperfectly. Under these circumstances, it often happens that the infant has not strength to suck, and the finest nurses are provided in vain. The best nurse in such cases, is not the woman who has the largest supply of milk, but one whose milk flows easily, and drops without effort into the child's mouth. If a nurse of this kind cannot be procured, milk of good quality should be obtained, and given mixed with thin gruel. Mr. Depaul agrees with Professor Scanzoni, that ass's milk is the best for the purpose; but in most cases the practitioner must be satisfied with cow's milk. Every hour or two, day and night, from one to three teaspoonfuls of diluted milk should be administered. Should this kind of food give rise to colic, Scanzoni recommends the addition of a little fennel or dill water; and as soon as the child has gained in strength, it is proper to procure for it a good wet-nurse; and this should not be too long delayed, lest the habit of receiving nutriment into its mouth without any effort, may prevent the infant ever taking to the breast again, a circumstance which occurred in the case of a young prince, at present living in exile; the nurse should then be instructed to draw her own milk with an exhausting glass; but this can seldom be obtained from a mercenary nurse, and scarcely ever succeeds but with mothers who rear their own children.

It should further be remarked, that in primiparæ the nipple is often so large or so hard, that if the child is not very strong, its efforts at suction are unavailing. The mother is then in fault, and it is therefore highly expedient to ascertain the condition of the breast in gravid women, in order to form an opinion as to the possibility of their nursing.

It is absolutely necessary, in addition to the measures calculated to restore and increase the strength of the infant, carefully to shield it from the influence of cold, and to adopt every precaution to preserve the temperature of the body at the physiological standard. Warmth is for infants, especially for new-born infants, the indispensable condition of the continuance of life. None but the strongest children can bear any loss of temperature. The weak invariably perish if exposed to cold; and Hunter sagaciously noted the fact, and strongly objected to the practice prevalent in his day of,

bathing very young children in cold water for the alleged purpose of invigorating their constitution. When, therefore, a child is prematurely born, or naturally weak, it should be carefully enveloped in warm clothing, kept in a comfortable bed, and guarded in every possible manner from adverse atmospheric influences. The thermometer should be daily consulted, and hot water bottles used, if necessary, to maintain the heat of the body at a proper height.

By means of these precautions, and if required by the exhibition of aromatic and stimulating remedies, Mr. Depaul has had the good fortune of restoring in the course of two or three weeks, children supposed not to be viable, to a normal state of development. Untiring supervision is always indispensable, as any neglect of these all-important points may entail irremediably fatal consequences.—*Half-Yearly Abstract.*

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### *Is a Crying Babe necessarily Colicky?*

Nothing is more common than the belief that when an infant cries it must have the colic, and that it should be treated accordingly. Now, can it be true that infants never cry unless they suffer pain, and that colic is the most common cause of this pain? Have we not, on the contrary, every reason to believe that the cry of the infant is merely a substitute for language, and is therefore used to make known to the mother or nurse such simple wants as may be experienced by one so young? While it would seem probable that an infant who suffers no pain, and who is sufficiently supplied with its natural food, can have no cause to cry, such is not always strictly the case. There is a great difference in the temper and disposition of infants; some being naturally irritable, cross or peevish, and others good-natured and cheerful. All nurses understand the difference between a good and a bad child; and it would be interesting to take note of these early indices, for the purpose of ascertaining whether or not they may be relied upon as

the promonitions of subsequent developments in the adult. Some infants will remain quiet until a sense of hunger or thirst impels them to cry out; while others will cry to be turned over, or to be taken in the arms, or even to be walked about; and if these caprices are indulged, the child soon becomes so "spoiled" that its nurse will have no rest. It is surprising how soon the infant learns by experience what he may exact by his cries; and, although born good tempered, he may become extremely troublesome if too much indulged. Some of them only a week old will keep the nurse all the time busy, merely because they were not at first allowed to cry at all, without being handled.

It can not be denied that peevishness is, alike in infants and adults, very often consequent upon the discomfort of bad health; and it is important that the cries occasioned by this state of things be distinguished from those induced by actual pain. A judicious mother or nurse can not fail to discover the difference by a little careful observation, and it should be the duty of the medical adviser to assist in this diagnosis; for until the real cause of the cries be ascertained, there can be no rational medication. The cries of an infant are in reality only symptoms of the mental or physical condition of the child. It is our business to give to them their proper interpretation. The child cries! Is it caprice; is it hunger; is it discomfort; or is it positive pain? These are the questions to be solved before we should resort to medication, if we wish to be consistent with philosophy, or even with ordinary common sense. And yet, how often do we not find infants dosed with "*colic drops*" whenever they cry!

Most of the nostrums vended as "*colic drops*" contain opium in some form or other, and some aromatic or carminative. These "*drops*" are therefore primarily narcotic and stimulant, and secondarily constipating; so that, although they may compose or put the child to sleep, whether the cries proceed from colic or not, their use, or rather their abuse, is objectionable. Again, how are we to determine that the child has colic? Pain in the bowels may depend upon spasmodic contractions of their muscles induced by indigestion, or irritation of some kind; or it may be occasioned by mere flatulency. While the spasmodic pains usually precede or attend looseness of the bowels, such need not be the case with the presence of flatulency. The former

pains come on in paroxysms more or less severe, which subside very soon, and leave the patient entirely relieved until they return again. Flatulent colic is more persistent, never so intense, and may be usually recognized by the hollow sound produced by percussion of the abdomen, especially if this circumstance be taken in connection with the other points in the history of the case.

The diagnosis of infantile diseases is by no means so difficult as is generally imagined. In the affection before us, it is just as easily made out for a child as for an adult. If the physician knows his business, and will use with due diligence the resources of art, he will rarely fail to establish the diagnosis satisfactorily.

If the bowels are regular and the evacuations in a natural state, while the abdomen yields a natural sound upon percussion, has a natural feel to the hand, is not distended nor knotted by spasmodic contractions, is not painful when pressed upon, we may very safely conclude that the child can not have colic.

Have we any good grounds to believe that colic is often almost habitual in infants too young to speak and who can only cry, whereas it is only an accidental or occasional disease in those who can speak and in adults? Such a violation of analogy ought not to be admitted to exist without much more evidence than can be adduced in favor of it.

Ear-ache is very common with children, and may either make them peevish or cause them to cry violently and protractedly. This affection can always be detected by pressing a finger just below or in front of the ear, by which the pain will be much increased and the child will renew his cries. As there is usually but one ear affected at the time, the experiment must be tried on both sides. If the pain be purely neuralgic or nervous, it may be relieved by almost any application; but if it be occasioned by the formation of an abscess about to break in the ear (in which case we may usually detect a little fulness or hardness in the angle just below the ear, or in the slight depression just in front of the orifice of the ear,) these remedies are very apt to fail, and we have to resort to a little Laudanum taken internally, or dropped into the ear in combination with a few drops of oil.

Closely connected with the treatment of the so-called colic is the common practice of

*Jolting Infants.*

If the child be really suffering with colic, it would be as absurd to expect to relieve it by such violent shaking and jolting, as it is to suppose that there is any efficacy in the veterinary practice of making a colicky horse trot up and down the road until almost exhausted. But if the poor child happens to have pain in the ear, or head-ache, both of which are very common, the cruelty of violent rocking, shaking in the arms, and jostling upon the knees, with the loud singing and jargon of the nurse, must be apparent. The treatment of Sancho Panza by the maid of the enchanted castle was trifling in comparison with this.

The affectionate and tender-hearted mother can not bear to remain quiet while her babe is screaming, and she freely exerts her lungs and limbs to the uttermost in the hope of giving relief. It is a natural and a laudable feeling which prompts her, and the exertion relieves *her* nervous system by working off the nerve force which would have been otherwise concentrated in the brain. It therefore requires some philosophy, that which emanates from enlightened reason, to examine quietly for the true cause of the child's cries, and to administer the proper remedy. If no medicine be necessary, the child will, if laid comfortably on his bed, or held quietly in the mother's lap, very generally go to sleep after crying a little while. It can certainly not go to sleep so long as it is not allowed to be at rest.

*Do Children bear Disease better than Adults?*

To suppose that children can bear disease better than adults, is to admit that the weak have more powers of resistance than the strong; that an unfinished fortification is better adapted to resist attacks than one already completed. And yet, we continually hear persons manifesting a desire that their children might take the measles, hooping-cough, etc., while young, so as to be rid of subsequent danger! This is a radical error. Children should be kept from sickness as long as possible, for no one can predict the result of what might at first seem to be the most trivial affection.

Common sense should lead us to avoid sickness at all times, and at any age. If we carefully keep our children from vis-

iting houses in which there is any sickness, and remove them from districts affected with epidemics; if, in short, we use due diligence in avoiding all known causes of sickness, we shall have nothing to reproach ourselves, when, notwithstanding such precautionary measures, they are overtaken by disease. The very fact that children are more prone to sickness than others, should incite parents to great watchfulness in regard to their hygienic condition, their cleanliness, their clothing, their food, their exercise, their supply of fresh air, insolation, etc., etc.

The best evidence that children do not bear sickness as well as adults, is to be found in our mortuary statistics, which reveal a frightful loss of life among infants and children. This is equally true with regard to the lower animals and plants. The more tender the plant the more feeble are its powers of resistance, and the more liable it is to disease.

—*Southern Med. and Surg. Journal.*

L. A. D.

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*Suture of the Flap, after extract of Cataract.* By HENRY W. WILLIAMS, M. D.

(Read before the American Ophthalmological Society, June, 1886.)

I offer for the consideration of the Society a few suggestions respecting suture of the cornea after the removal of cataract by flap operation, in the hope that, by the adoption of such a modification of the ordinary procedure, we may so far lessen the risks of extraction that we shall not hereafter be tempted to incur the dangers attendant on the repeated introduction of instruments within the eye, and that mutilation of the iris may be rendered unnecessary.

My method consists in placing a single point of suture at the apex of the flap of the cornea, after extraction of the lens, and whilst the patient is still under the influence of ether.

After trial of various curved and straight needles, and of needles mounted upon a handle, I give the preference to



straight needles of very minute size, less than a fourth of an inch in length, and with flat cutting points, as being best adapted to penetrate the corneal tissues. The objections to needles fixed upon a handle are, that it is difficult to disengage the extremely fine thread, and that on being withdrawn they drag upwards the corneal flap.

The great advantages claimed for this plan are as follows:

It renders etherization more applicable to extraction operations, in case emesis should occur; and the patient being thus impassive, the operator is enabled to do, with deliberation and care, whatever may be requisite in removing complications which may arise in course of an operation, without feeling he incurs a risk of contusing the iris or losing a portion of the vitreous during sudden involuntary movements of the eye. The edges of the wound being retained in close opposition, union by primary adhesion, the first desideratum in flap operations, is rendered much more certain. The puffy, swollen state of the margin of the flap, which renders the healing process difficult and uncertain, is thus avoided, and the eye resumes at once almost its normal condition. It nearly obviates all risk of spontaneous prolapse of the iris—the “*bete noire*,” to use the words of Mr. Dixon, “of extraction of operations.” By effecting a speedy re-establishment of the anterior chamber, it admits of the free use of atropia, without fear that *prolapsus iridis* may ensue, thus allowing continued dilatation of the pupil to be kept up, and lessening the risk of irritation of the iris from unremoved fragments of the lens, or torn edges of capsule, or from proliferous degeneration of the intracapsular cells. It permits of early and frequent inspection of the eye, and the prompt discovery of any morbid phenomena, so that timely recourse may be had to appropriate remedies.

It much abbreviates the term of rigorous confinement of the patient, and shortens the entire period of convalescence.

A single strand of the finest silk is employed for the suture. The needle is seized with strong forceps, and passed through the edges of the wound, which are held with very delicate toothed forceps. The eye being entirely passive, the manœuvres may be executed with delicacy and without haste. Gentle compression, by means of lint and a flannel bandage, constitutes the after-treatment.

In most cases the suture has been left to come away of

itself, and, though usually becoming detached within a few days, it has in some instances remained *in situ* for seven weeks, without giving rise to more than trivial irritation. I am satisfied, however, that its presence for a longer period than is necessary is undesirable, and serves slightly to retard the patient's recovery. My present practice is to administer ether, and remove the suture within a week after the operation, if it has not sooner been eliminated. It is unsafe to attempt its removal except during anæsthesia, as a sudden move of the globe, or the pressure of the forceps, if fixation be resorted to, might, as in one of my own cases, cause a reopening of the wound.

In no instance, so far as I could judge, has the suture given rise to any serious symptoms. In twenty-four cases subjected to this treatment, there have only been two failures.—*Detroit Rev. Med.*

*Bloodletting then and now.* By C. H. SPILLMAN, M. D.,  
Of Harrodsburg, Kentucky.

Fully persuaded that a proper conception of the *modus operandi* of bloodletting as a therapeutic agent, is an important *desideratum* in our profession. I propose to throw together, in as small a compass as may be, the results of inductions drawn from observation and experience, with special reference to this subject, running through a period of 35 years.

Believing, as I sincerely do, that the prevailing doctrines on this subject are unphilosophical, and lead to disastrous practical results, I read with much pleasure, Dr. Wilson's "Plea for the Lancet," in Vol. xv., No. 24 of the Reporter, as indicating a disposition on the part of the profession, to a more thorough examination of the subject, which, I doubt not, will lead to more rational views.

When I first came upon the arena in 1832, I was not long in becoming convinced that the lancet was used too indiscriminately, and sometimes to an injurious extent. I did

not bleed as much as my neighbors, because I met with a number of cases that I could as easily and more safely control without than with it. In many others, however, it was a *sine qua non* to success.

How stands the matter now? Although diseases are the same, climate the same, morbid agencies the same; although organic structure is the same, vital susceptibilities the same, involving the same therapeutical relationships, pointing to the same indications of cure; yet such has been the revolution in the medical mind, that, at the present time, a large proportion of living practitioners rarely employ bloodletting as a remedial agent, and quite a number discard it altogether. Many of our late writers on therapeutics, if they justify its occasional employment, authorize it in such dubious phrase, with such admonitory qualifications and restrictions; as to clothe it in the garb of suspicion, and deter the junior members of the profession from its employment, even where indispensable called for.

I am not unaware of the fact, that the task before me is an ungracious one. It would have been more consonant to my feelings, could I have endorsed sentiments consecrated by so many justly distinguished advocates. To the popular doctrines on this subject, however, I find myself in a position of inexorable antagonism, by the logic of facts and figures which are impregnable. That more liberal enlightened views are demanded, and will ultimately obtain, I have an abiding conviction; and, whenever medical men shall have divested themselves of the leaven of empiricism, to which that distrust in regard to bloodletting as a remedial agent, which now sways the popular mind, may be legitimately traced, and come to view this subject in the light of rational physiological principles, we shall then have a fuller appreciation of that powerful remedy, which, as Dr. Wilson justly remarks, nature claims as her own, and shall have made an important step, toward the highest attainable perfectibility of our art.

From one opinion, however, advanced by Dr. W., in his excellent paper, I must take the liberty of dissenting. That this prejudice originated with the non-medical public, I think, is exceedingly questionable; and if the Dr. will submit the matter to a thoughtful review, he will find the responsibility where least excusable, with those who ought to know better. My observation is, that the popular verdict stands opposed

to medical inefficiency in that regard. Disguise it as you may, I apprehend it is accepted as a concession to the various shades of empiricism which flood our land, all of which have been weighed in the balances and been found wanting.

There is no therapeutical agent, however valuable and indispensable to a successful exercise of our art, that may not be brought into disrepute by injudicious use; and a misapprehension which underlies the general prejudice which has obtained in regard to the lancet, relates to the principle on which it operates in the subversion of morbid action. Had it not been regarded as a physical agent, operating on mechanical principles, it would never have been confided to the hands of the ignorant, and we should have had fewer failures and miscarriages, which have contributed largely to this prejudice; for it is with this as it is with all other remedial agencies, the more powerful for good, the more prolific of evil, if misapplied. Employed as a vital agent, regardless of quantity, pushed to a given effect, by a practiced hand, under the guidance of a cultivated intellect, it is not only perfectly safe, but unquestionably the most potent remedial agent known to our art; nor can it be dispensed with, without surrendering to a weak vascillating timidity, compromising the most sacred obligations that can attach to a medical man, and greatly circumscribing the usefulness and efficiency of the medical art.

The argument against the lancet founded upon its supposed debilitating effects, is an abstraction, and not an induction from a careful observation of facts. On the contrary, every practitioner who has had an extensive experience in its employment, and witnessed its magical effect in the instantaneous subversion of the most violent forms of morbid action, appreciate it as a means of economising strength. In a sudden attack of either a congestive or inflammatory character, although the patient may have a feeling of great prostration, and is unable to put forth his strength, he is not weak. Take off the weight by which he is overborne for the time, and he is still strong.

"The giant," says an able writer, "that lies prostrate on the earth, mastered by superior power, has still a giant's strength, though he do not at that moment put it forth. Give him but the chance to throw off the load that keeps him down, and he will soon show you that he is not weak."

This is a very apt illustration of depressed vital action,

misnamed debility, under the weight of disease. The intelligent physician will not be misled by the illusion. He will at once recognize this apparent debility as the sympathetic influence of a dangerous lesion in some vital part. Although greatly diversified in the phenomena they present, according to the peculiarity of the tissues involved, and the manifold remote causes which give rise to them, I apprehend there are few maladies not characterized by inflammation or venous congestion: either of which, by sympathetic influences, may occasion great prostration. They may be sudden in their onset; or insidious and gradual in their approach. They may persist for some time in a simple state of functional disturbance, but oftentimes run rapidly into irremediable structural alteration. In the latter case, relief if attainable, must be prompt and instantaneous. The practitioner, seeing the peril, and comprehending the situation, will find little room for temporizing. The most powerful means of equalizing the circulation and taking off the oppression, are called into requisition; and a philosophical view of the medium through which, and the manner in which, both morbid and remedial agents operate upon the vital economy, will at once suggest bloodletting as the most appropriate, because the most prompt and decisive means of accomplishing the object.

Irreconcilable as this may seem with that hypothesis, founded upon the mechanical philosophy, which assumes bloodletting to be a debilitating, it is nevertheless in strict accordance with the known therapeutical effect of that agent: corroborated by the observation and experience of every one who has employed it, under an intelligent recognition of the principle on which it operates, in the subversion of morbid action.

The whole gist of the opposition to bloodletting, is predicated in conformity with the hypothesis, that it is necessarily debilitating; and this arises from a misconception of its *modus operandi* as a remedial agent.

Although a low pulse speedily raised, a shrivled surface filled out, cold extremities warmed up, equilibrium of circulation reinstated, lost strength restored, vital energy renovated, are phenomena which have been a thousand times observed to follow immediately on the intelligent employment of the lancet; and in multiplied instances such phenomena could have been elicited by no other means: it is neverthe-

less abandoned, on the ground of its alleged incompatibility with the assumed hypothesis.

Admitting the loss of blood to be intrinsically debilitating in a normal state of the system, and allowing our inability to reconcile this fact with its powerfully restorative effect in many forms of disease, the truth of which cannot be successfully controverted it is more seemingly paradoxical, than many well known facts with which the history of medicine abounds; and affords a striking exemplification of the practical value of the principle inculcated in Hoffman's Aphorism—"*Ars medica tota observationibus.*"

Quinia, in its nature and properties, is no less marked, intrinsically, as an excitant, than is the lancet a debilitant; and I apprehend the objector will find about as much difficulty in accounting, on philosophical principles, for the powerfully sedative influence of the former in controlling fever, as he will in reconciling the restorative influence of the latter, in diseases of depression, with its debilitating effects.

To assume an hypothesis on insufficient data, and then reject every principle not in harmony with it, is unphilosophical.

It is a humiliating fact, that in the present imperfect state of our knowledge, much of our reasoning, inconclusive, and unsatisfactory, rise no higher than mere speculation. However gratifying the reflection that by a close observance and careful analysis of facts, much is known in regard to the therapeutical effects of many remedial agents, still there are doubtless a great variety of hidden, unobserved influencing circumstances, connected with pathology, and therapeutics, which, if known, would greatly modify our inductions.

From a carefully noted and patiently classified series of facts, running through a long period, during which, in disregard of the popular prejudice, I have employed the lancet, not only to subdue violent inflammation, but to take off the oppression, and restore the strength, in cases of the most profound congestion, I am prepared to bear testimony to its magic power as a therapeutic agent; and hesitate not to say, after a patient persevering trial of all its reputed substitutes, that many such cases can be reached by no other means known to the profession.

The number of lives sacrificed to this prejudice against the lancet, I doubt not, is a thousand to one.

Look at the fearful increase of chronic diseases since the

lancet has been partially ignored, and the profession has become tender-footed on the subject of bloodletting. Or to furnish a still more striking illustration; go to those districts where empiricism in its various forms, having manufactured, now subsists upon this prejudice, and lay it to the line and plummet of rigid vital statistics, and you will find multitudes of invalids who ought to have been restored to soundness by a prompt energetic treatment, whose cure, in consequence of an inefficient, temporizing course, has been incomplete;—vestiges of disease still remain;—vital lesion still lingers, ultimately to develop itself in some chronic form; and the tenure on life simply prolonged a brief period.

It is probable that tubercular disease in its diversified forms, is more destructive to human life than all other maladies combined. The best lights reflected from pathological anatomy note it as a product of inflammation. A patient investigation of the etiological history of very many of these diseases rarely fails to reach an inflammation as the point of inception. This fact is suggestive; and its inculcations should not be disregarded. It strikingly illustrates the folly of temporizing in all grave maladies; and affords the highest presumptive evidence against the expectant plan of treatment, which reposes upon the medical powers of nature, while disease, none the less destructive, from its insidious character, is stealthily settling down upon the vitals. The point is this, tubercular disease in its multiplied forms and various complications, is, in a large measure, the sequel to an inflammatory attack, which might and ought to be relieved by depletory measures so decisive, as to render the cure complete; and its great prevalence and fatality may be attributed to the existing popular prejudice against the only efficient means of subduing it in its incipency.—*Reporter.*

EDITORIAL AND MISCELLANEOUS

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## THE ATLANTA MEDICAL COLLEGE—ITS PROSPECTS.

This Journal has, in former times, often taken occasion to allude to the status of the College, and predict its future. We have given its condition and success from facts coming under our knowledge, and what it is afterwards expected to accomplish, in part from its former history, and also from the legitimate results known to follow certain natural causes.

The season selected, at the establishment of the College, for the Course of Lectures, was a fortunate one; and shows the foresight of him who suggested and advocated till adopted, the plan of holding the regular Session during the summer months. His voice, though still in death before the first class assembled, was heard in emphatic strains at the meeting in 1854, when this system was adopted. And while we yet deeply lament his loss to the profession, we feel still more keenly his loss in the School, to whose sagacity and wise counsels it is to a large extent indebted for its subsequent prosperity. The name of Dr. J. M. Gordon will be ever held in sad remembrance by those associated with him at the foundation of the Institution. And while this fact was alluded to years ago, in the Journal, we cannot refrain now from offering again this slight tribute to his memory.

Certain natural causes lead to the same results now as in 1854. That reasoning which decided the system of instruction pursued by this College, has been urged again and again as evidence of its permanency and continued prosperity. The great central locality, in the midst of ten or twelve States, in which no regular course of Medical Lectures is held, except in winter; the accessibility, healthful-



ness, and good water,—are some of the reasons why Atlanta is a suitable location for a Medical College, and why the Summer months are more appropriate.

The exploded idea that dissections can not be profitably and conveniently prosecuted during Summer, is “among the things that were.” It is only necessary to find any member of the eight Classes that have demonstrated the fact in the dissecting room here, to get evidence on this subject.

Heretofore, the only objection that could, with any plausibility, be urged against Atlanta as the very best point in the surrounding States, to build up a great and prosperous Institution was the idea, that sufficient material for clinical instruction could not be made available. Experience, at least since the late war, has proven the absurdity of this objection, as the Class in attendance at the last session of this Institution, can well testify.

With an Hospital in the College yard, having an average of one hundred and fifty patients, and a daily Dispensary in the College building, fed from a population of from eight to ten thousand *freedmen*, and, perhaps, one thousand poor whites, we have abundant material for clinical instruction—more certainly than can be presented to any class with profit. We say with profit, as a Medical Class must, necessarily, devote much of their time to other departments included in the regular curriculum.

Notwithstanding the vaunted clinical advantages claimed for the Schools in the large Cities, we do not hesitate to assert, that the clinical material is as abundant in Atlanta as that presented at any one of the College clinics in Philadelphia,—the heretofore center of Medical education.

It is true, that these Colleges can boast of their extensive City Hospitals,—as the Bloockly, Philadelphia Hospital, etc.; but all know, who have spent a winter in that City, that the mass of students in attendance, rely exclusively upon the College Dispensaries for clinical instruction.

## THE MEDICAL ASSOCIATION OF GEORGIA.

In the last number of this Journal, we stated that the Medical Association of Georgia would convene in Griffin on the "12th of April." We call attention here, to make the correction. The meeting will take place on the second Wednesday, the 10th of April; and not the "12th of April," as heretofore stated.

In this connection, we would again call the attention of the profession to the importance of a full attendance. Let all attend who can possibly do so.

We learn that the profession in Griffin and vicinity are making preparations to give those in attendance a warm reception, and make their stay pleasant.

From Dr. J. T. Banks, the Chairman of the Committee to select the annual orator, we learn that Dr. V. H. Taliaferro, of Columbus, Ga., will deliver the Annual Address.

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## HYPODERMIC ADMINISTRATION OF MEDICAL AGENTS.

We are in receipt of a valuable contribution for the Journal, on this subject, from an intelligent and reliable physician of Georgia. We regret that it did not reach us in time to appear in the present issue. It will have a place in the May number of our Journal.

This mode of administering remedies, though for sometime practiced, and made the subject of especial study and experiment by some, has not been so impressed upon the profession as to make it a matter of general interest. Very few have

given the subject much thought; and a still smaller number of physicians have supplied themselves with an instrument for the purpose. The forthcoming article, alluded to above, will give the desired information and directions to those who have not made themselves familiar with the subject.

The following extracts from a lecture on this subject, by Edward Warren, M. D., late Surgeon General of North Carolina, delivered before the Baltimore Medical Association, we commend to our readers:—

"In the early stages of *pneumonia, pleurisy, bronchitis, peritonitis, enteritis, phlebitis*, and inflammations generally, when congestion exists, and exudation has not occurred—when the pathological condition consists in a local irritation, with hyperæmia resulting from perverted nervous action—the subcutaneous injection of morphia plays an important role in scientific therapy.

"This practice is particularly indicated when the excitement of the nervous system is altogether disproportional to the exaggeration of vascular action, as is indicated by violent pain, increased sensibility to local impressions, and disorders generally of the sensory and motor functions.

"Again, in inflammations of such organs as are largely supplied with ganglionic nerves, and in the treatment of which the nervous system requires an unusual share of attention, this mode of employing morphia may be used to advantage.

"Without discussing the essential nature of inflammation, I would direct your attention briefly to the consideration of the part played by the nervous system in the development of its characteristic phenomena.

"1. Heat, local and general, is one of the earliest and most persistent of the symptoms or signs of the inflammatory process.

"Since the experiment of Sir BENJAMIN BRODIE, in 1811, it has been recognized as a physiological axiom, that the nervous system, though not a generator of heat, *per se*, exercises a controlling influence over those local processes of nutrition and the metamorphosis of tissues, by which the work of calorification is effected in the human organism.

"2. Alterations in the tension and velocity of the blood stream speedily manifest themselves in this regard.

"BERNARD has demonstrated that "certain parts of the nervous system preside over and regulate the general and local circulations," and the fact is universally admitted at the present day.

"Though the heart possesses an inherent contractility, it is also liberally furnished with nerves, both from the cerebro-spinal and the ganglionic systems, which separately and conjointly exercise a potential influence over it.

"The arteries are similarly supplied with nerves, as has been shown by the investigations of BERNARD, BUDGE, SEQUARD, SCHIFF, and others; while VALENTINE has proven by experimental research, that the veins and larger lymphatic trunks are similarly endowed.

"Even the power of contraction which resides in the capillaries, is influenced by the condition of the ganglionic nerves distributed to them, as is evinced in actions which are essentially nervous, such as the flushing of the countenance from mental emotions, etc., etc.

"3. Disturbances in the secreting organs are the ordinary concomitants of inflammation.

"The influence of the nervous system on the secreting organs is indisputable. BERNARD has learned to stimulate or repress them at will, by exciting particular parts of the nervous system. 'Glands are not filters,' says that distinguished physiologist, 'but organs producing chemical substances, under influence of the nervous system.'

"4. Certain phenomena, essentially nervous in their character, also present themselves in this connection, such as wakefulness, insomnia, pain, augmented sensibility to impressions, delirium, trembling, etc., etc.

"As the normal phenomena alluded to under these various heads are known to occur under the superintending guidance and direction of the nervous system, it is but rational to consider all morbid actions in these connections as being influenced in their manifestations by aberrated nervous action.

"Thus augmentations of temperature result from an increased activity of the causes which operate in the production of physiological or healthy calorification, and indicate some positive change—some decided disturbance—in the nervous system. As the essential nature of the febrile state has been recognized, since the days of GALEN, to consist in a *calor præter naturam*, it follows that *fever*, which is the most

universal and important of all the symptoms of inflammation, is in itself a phenomenon of perverted or disturbed nervous action.

"In the same way it can be shown that all morbid changes, alluded to as occurring alike in the circulatory system, in the secreting organs, and in the nerves themselves, are similarly produced, and possess the same pathological significance.

"Whatever may be the nature of this disturbance in the nervous system, the effect of the hypodermic administration of morphia is to calm it. It seems to coerce the whole organism—centers, filaments, and all—into a state of profound quiescence. It establishes throughout the entire system one uniform standard or condition of vitality, to which every cell, tissue, organ, and function is compelled to conform, and through the instrumentality of which the morbid processes are suspended or paralyzed.

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"I have repeatedly cured *intermittents* of the most persistent character by injecting morphia subcutaneously a short period in advance of the expected paroxysm or after its development, and repeating the operation on the seventh day of several succeeding weeks. Morphia is much less irritating to the tissues than quinia, while its effects in this connection are not the less satisfactory.

In the exacerbation of *remittents*, when attended with violent retching, severe muscular pain, great restlessness, and even intense headache, I have often witnessed an almost instantaneous abatement of all the symptoms together with the development of a copious perspiration after the introduction under the skin of a full dose of morphia.

"In *typhoid fever*, when the patient is inordinately "nervous," restless, morbidly vigilant, tremulous, peculiarly sensitive to morbid impressions, etc., this remedy answers well.

"You have doubtless attended cases of this disease, in which many of the symptoms of cerebritis presented themselves, when your judgments convinced you in advance, and your subsequent *post-mortem* examinations demonstrated that the morbid lesion existed exclusively in the intestines. The delirium thus developed through the instrumentality of nervous reflex action, furnishes no argument against the use of opium, but rather an indication for its employment.

"In a case of *intussusception*, occurring in the practice of

my father, Dr. Wm. C. WARREN, after stercoraceous vomiting had occurred, and innumerable remedies having been tried in vain, an injection of morphia under the skin afforded almost instant relief. \* \* \* \*

"The hypodermic employment of morphia possesses equal curative properties in many affections which pertain exclusively to the domain of *surgery*; and I must ask your indulgence, while briefly recapitulating my experience in that regard.

"In several cases of *strangulated inguinal tumor*, when ordinary remedies had failed to induce a sufficient relaxation to render a return of the intestine by taxis possible, I have promptly overcome the spasm, by injecting morphia immediately *over the point of constriction*. These results were due to the direct sedative or narcotic action of the drug, and to nothing else.

"Last summer I was consulted by a young man who was suffering with *orchitis* in its primitive stage. There was already considerable swelling, together with great tenderness, pain, and redness of the part.

"Half a grain of the sulphate of morphia in solution, was injected directly over the track of the cord as it passes from the inguinal canal, and the patient placed in his bed. On the succeeding morning, I found that he had slept profoundly during the entire night, and that not a trace of inflammation remained.

"In the same way, and with equal success, I have treated traumatic *erysipelas*—which is frequently nothing more than an acute cutitis—a tendency to *gangrene* from excessive local inflammation, and *phlebitis* of a very decided character.

"During the war, I was summoned hurriedly, on one occasion, to a man who had received a deep wound of the right lung, from a bowie knife in the hands of a drunken companion. The usual symptoms of this accident presented themselves, and the patient was in a very critical condition. Turning him upon the opposite side, I injected a grain of morphia in solution under the skin, and, so soon as sleep was induced and the hæmorrhage restrained, closed the wound hermetically. There was no subsequent bleeding, the respiratory movements were sufficiently restrained, but little cough was developed, no inflammatory symptoms appeared, and under the repeated use of the remedy originally employed, the case rapidly progressed to a favorable conclusion.

"Within a few days, I have attended a patient who was suffering *spasmodic stricture*, which had been greatly increased by repeated attempts to introduce a catheter. His bladder was greatly distended, and the pain excessive. An injection of half a grain morphia into the arm, immediately relaxed the spasm, and restored the young man to health.

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"From these instances of the curative action incident to this mode of medication, as well as from many others to which I might refer, if time and space permitted, it is plain, that for the relief of pain, the relaxation of spasm, the abatement of irritation, the induction of sleep, the control of the secreting organs, and the restraint of certain forms of inflammation in their primitive stage, this remedy deserves to stand *primus inter pares* in the estimation of an enlightened and progressive profession."

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*American Medical Association.*

The Eighteenth Annual Meeting of the *American Medical Association* will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock A. M.

The following Committees are expected to report:

- On Quarantine, Dr. Wilson Jewell, Pa., chairman.
- On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., chairman.
- On Progression of Medical Science, Dr. Jerome C. Smith, N. Y., chairman.
- On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., chairman.
- On Drainage and Sewerage of Cities, &c., Dr. Wilson Jewell, Pa., chairman.
- On the Use of Plaster of Paris in Surgery, Dr. James L. Little, N. Y., chairman.
- On Prize Essays, Dr. F. Donaldson, Md., chairman.
- On Medical Education, Dr. S. D. Gross, Pa., chairman.
- On Medical Literature, Dr. A. C. Post, N. Y., chairman.
- On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., chairman.
- On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., chairman.

On Rank of Medical Men in the Navy, Dr. W. M. Wood, U. S. N., chairman.

On Insanity, Dr. Isaac Ray, R. I., chairman.

On American Medical Necrology, Dr. C. C. Cox, Md., chairman.

On the Causes of Epidemics, Dr. Thomas Antisell., D. C., chairman.

On Compulsory Vaccination, Dr. A. N. Bell, N. Y., chairman.

On Leakage of Gas-Pipes, Dr. J. C. Draper, N. Y., chairman.

On Alcohol and its Relations to Man, Dr. J. R. W. Dunbar, Md., chairman.

On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., chairman.

On Local Anæsthesia, Dr. E. Krackowitzer, N. Q., chairman.

On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., chairman.

On the Comparative Merits of the Different Operations for the Extraction of Vesicle Calculi, Dr. B. J. Raphael, N. Y., chairman.

On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., chairman.

On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., chairman.

On Medical Ethics, Dr. Worthington Hooker, Conn., chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston.

Of New Hampshire, Dr. P. A. Stackpole.

Vermont, Dr. Henry Janes.

Massachusetts, Dr. Alfred O. Garrett.

Rhode Island, Dr. O. W. Parsons.

Connecticut, Dr. B. H. Catlin.

New York, Dr. E. M. Chapman.

New Jersey, Dr. Ezra M. Hunt.

Pennsylvania, Dr. D. F. Condie.

Delaware, Dr. — Wood.

Maryland, Dr. O. S. Mahon.

Georgia, Dr. Juriah Harriss.

Missouri, Dr. Geo. Engelman.



Alabama, Dr. R. Miller.  
 Texas, Dr. Greenville Dowell.  
 Illinois, Dr. R. C. Hamil.  
 Indiana, Dr. J. F. Hibberd.  
 District of Columbia, Dr. T. Antisell.  
 Iowa, Dr. J. W. H. Baker.  
 Michigan, Dr. Abm. Sager.  
 Ohio, Dr. J. W. Russell.

Secretaries of all Medical Organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,  
 215 Spruce St., Philadelphia.

## BIBLIOGRAPHICAL

*The Functions and Disorders of the Reproductive Organs in Children, Youth, Adult Age, and Advanced Life; considered in their Physiological, social, and moral relations.* By WILLIAM AGTON, M. R. C. S., &c., &c.

The above work, from the publishing house of Lindsay & Blakiston, Philadelphia, is, we think, a most excellent production. It comprises subjects of the highest importance to the practicing physician, the study of which many have almost entirely neglected. Grave functional disorders of the reproductive organs, producing the most distressing mental and general nervous disturbance, are of such frequent occurrence, and so often lightly regarded, or entirely overlooked by the practitioner, that the thorough study of the subjects contained in the volume before us, is decidedly important to the successful treatment of many forms of mysterious nervous derangement. Patients themselves require to be carefully instructed in many of the principles laid down in the book. Vicious habits, in the voluntary departure from the

proper use and management of the organs, often result in the most depraved and wretched condition to which mankind is subject.

The work is a handsome volume, of convenient size, and will be a useful addition to the library of all physicians. Practical works, such as this, which meet the demands of the busy practitioner, are of much more importance to him than large volumes of fine-spun theories on subjects not of immediate and constant interest.

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We have just received from the author, a pamphlet of 130 pages, on Spurious Vaccination. By Joseph Jones, M. D., Professor of Physiology and Pathology in the Medical Department of the University of Nashville.

The work is made up of Researches upon the "abnormal phenomena accompanying and following vaccination in the Confederate Army."

We have merely glanced at its contents, and cannot, therefore, speak of it only as the researches of a laborious investigator, on a very interesting and important subject.

We expect useful information in its perusal, and shall avail ourselves of it soon.

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*Injuries of the Spine, with an Analysis of nearly four hundred cases.* By JOHN ASHHURST, jr., A. M., M. D., Fellow of the College of Physicians of Philadelphia; Member of the Academy of Natural Sciences; Member of the Pathological Society of Philadelphia, etc., etc. Philadelphia: J. B. Lippincott & Co. London: Trubner & Co. 1867.

This beautiful little monograph of 127 pages, embraces all that is known of Injuries of the Spine. There is a large amount of valuable information in a small compass. The Appendix of cases in tabular form, with analysis, embraces 394 cases. Every Physician should have this little volume.

# Meteorological Table.

*Meteorological Observations taken by J. G. Westmoreland, M. D., for the Smithsonian Institute, March 1867 at Atlanta, Ga., Lat. 33° 45' — Lon. 7° 30' — Height above the Sea, 1050 feet. EXPLANATION OF TABLE—0 Signifies Fair; 10 Cloudy; 5 Half Cloudy.*

Day of Month.	BAROMETER.			THERMOMETER.			RAIN.	CLOUDS.			WINDS.		
	7 A. M.	12 M.	6 P. M.	7 A. M.	12 M.	6 P. M.		7 A. M.	12 M.	6 P. M.	7 A. M.	12 M.	6 P. M.
1	30.1	30.7	30.1	58	66	68					S. E.	S. E.	S. E.
2	29.9	30	29.9	64	70	68					S. W.	S. W.	S. W.
3	29.9	29.9	29.9	66	72	70					S. W.	S. W.	S. W.
4	29.8	29.8	29.8	70	76	68	Drizzle.				S. W.	S. W.	S. W.
5	29.8	29.8	29.8	48	50	56	Drizzle.				S. W.	S. W.	S. W.
6	29.8	29.8	29.8	44	48	52	1.00				S. W.	S. W.	S. W.
7	29.8	29.8	29.8	43	48	50	Drizzle.				S. W.	S. W.	S. W.
8	29.8	29.8	29.8	43	52	56					S. W.	S. W.	S. W.
9	29.8	29.8	29.8	48	52	59					S. W.	S. W.	S. W.
10	29.8	29.8	29.8	46	52	50					S. W.	S. W.	S. W.
11	29.8	29.8	29.8	52	60	58	Drizzle.				S. W.	S. W.	S. W.
12	29.8	29.8	29.8	66	68	70	1.00				S. W.	S. W.	S. W.
13	29.8	29.8	29.8	64	68	62	.8				S. W.	S. W.	S. W.
14	29.8	29.8	29.8	80	84	80					S. W.	S. W.	S. W.
15	29.8	29.8	29.8	80	80	40					S. W.	S. W.	S. W.
16	29.9	29.9	29.9	82	82	36	Drizzle.				S. W.	S. W.	S. W.
17	29.9	29.9	29.9	84	88	86					S. W.	S. W.	S. W.
18	29.9	29.9	29.9	86	86	88					S. W.	S. W.	S. W.
19	29.8	29.8	29.8	86	86	88					S. W.	S. W.	S. W.
20	29.8	29.8	29.8	46	50	44	Drizzle.				S. W.	S. W.	S. W.
21	29.8	29.8	29.8	40	44	42	.2				S. W.	S. W.	S. W.
22	29.8	29.8	29.8	38	44	48	.1				S. W.	S. W.	S. W.
23	29.9	29.9	29.9	46	52	48					S. W.	S. W.	S. W.
24	30	30.5	30.8	46	56	48					S. W.	S. W.	S. W.
25	30	30.3	30	50	62	60					S. W.	S. W.	S. W.
26	29.8	29.8	29.8	58	60	56					S. W.	S. W.	S. W.
27	29.8	29.8	29.8	52	60	62					S. W.	S. W.	S. W.
28	29.8	29.8	29.8	50	62	56					S. W.	S. W.	S. W.
29	29.9	29.9	29.9	38	48	44					S. W.	S. W.	S. W.
30	29.7	29.7	29.7	36	44	42					S. W.	S. W.	S. W.
31	29.7	29.7	29.7	40	50	48	.4				S. W.	S. W.	S. W.

Vol. VIII.

MAY, 1867.

No. 3.

ATLANTA  
Medical and Surgical  
JOURNAL.

NEW SERIES.

EDITED BY

J. G. WESTMORELAND, M. D.,

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

W. F. WESTMORELAND, M. D.,

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

J. M. JOHNSON, M. D.

Pax et scientia, sed veritas sine timore.

PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE

ATLANTA, GA.:

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.

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VOL. VIII.

MAY, 1867.

No. 3.

ORIGINAL COMMUNICATIONS.

ARTICLE I.

*Hypodermic administration of Medicinal Agents.* By WM.  
A. GREENE, M. D., of Americus, Ga.

I have been using Hypodermic injections for several months, with the most satisfactory results. But having no data to control me in doses, and no experience as to the remedies best adapted to this mode of administration, my progress has been necessarily slow. But if I should never make further progress, I am fully remunerated for all my trouble. I now enter the chamber of *suffering*, knowing that I have in my possession an *unfailing* remedy for *pain*. "Relieve me of my pain, Doctor," is the cry of the sufferer. With a Hypodermic syringe, this agonizing cry can be promptly, and without injury, hushed.

I have employed Hypodermic injections in all forms of neuralgia,—both local and general,—in hysteria, wakefulness, delirium tremens, rheumatism, gout, threatened miscarriage, puerperal peritonitis, fever, painful affections of the nerves, caused by injury; and in all cases where *pain* calls for immediate relief: and when its employment for some potent reason is not contra-indicated. I have not time

to give my experience and results in the treatment of all these affections by the Hypodermic method, and will, therefore, give practical facts.

The medicines I have used, with their doses, for a single injection, are as follows:—

Morphiæ Acetas, from 1-6 to  $\frac{1}{2}$  grain.

Atropæ Sulphas, from 1-60 to 1-30 grains.

Liquor Opii Comp. (Squibb's) from 5 to 60 drops.

Veratrum Veride (Norwood's) from  $\frac{1}{2}$  to 2 drops.

Sulph. Quinine, from 3 to 8 grains.

Tr. Cannabis Indica, from 10 to 20 drops.

I make it a rule to begin with a minimum dose, establish a point of tolerance, and increase the number of drops as circumstances require. For general use, I prefer Dr. Squibb's comp. liquor of opium, which contains one grain of morphia to one hundred drops of the medicine; but when the *anodyne* effects are equal to officinal laudanum, the minimum dose is five drops; and can be extended to sixty drops at a single injection. I find it much less apt to produce nausea than any of the preparations of opium, and can be borne by the most delicate female.

To produce a quicker and more powerful effect, I employ the following solution of acetate of morphia:—

℞—Acetate Morphia, gr. xxiv.

Dist. Water, ℥ i.

Acetic Acid, qs.—M.

Inject from 5 to 10 drops.

If I wish to produce a *still more* speedy and powerful effect, I combine with the dose of morphine a few drops of solution of atropia, as follows:—

℞—Sulphate Atropia, gr i.

Dist. Water, ℥ iv.

Acetic Acid, qs.—M.

Inject from three to eight drops.

Atropia is a very powerful drug, and must be used very cautiously. While the morphine and atropia act well when

combined, yet one is an antidote for the other. For instance: if you inject an over-dose of the atropia, you can counteract its effects in a moment with an injection of morphine; and *vice versa*. This is very singular but *true*; and should be remembered; for I have frequently given an over-dose of each, not knowing how much my patient would tolerate.

The tr. verat. veride must be used *very cautiously*. My friend Dr. G. F. Cooper, of this city, injected in the arm of a young man, suffering from ordinary fever—pulse 112—three-fourths of a drop of veratrum and four and one-half drops of the solution of morphine, which produced distressing nausea in ten minutes, and its full constitutional effects in twenty minutes; and no more was given or required during that paroxysm of fever.

In a case of profound coma, under my care, following a congestive chill, I injected two drops, which produced violent vomiting in five minutes, and full constitutional effects in fifteen minutes. The patient was a strong and robust youth of 18 years. He was completely relieved; and with large doses of quinine, recovered in a few days. I believe when tested, that veratrum will prove a most powerful auxiliary in the treatment of neuralgia, injected under the skin, at the *painful point*.

Sulphate of quinine acts promptly in doses from three to eight grains. I use the following solution:

R—Sulph. Quinine, grs. xxx.

Sulph. Acid, gtt. x.

Water, 3 ss.—M.

Tr. cannabis indica acts well in doses from ten to twenty drops. I have but little experience, as yet, with it.

From my experience, the Hypodermic administration of medicine commends itself above any other method, for the following reasons:—

1st—The amount received into the system is accurately known; every particle that is *injected* is *absorbed*; which is not the case in stomachic doses. For instance: if we in-



roduce one-sixth of a grain of morphine beneath the skin, the effect that follows is that of the whole one-sixth; but if the same quantity is introduced by the stomach or rectum, the effect produced is only equal to the quantity *absorbed*.

2d—*Rapidity* of absorption is a great advantage of Hypodermic injections. For when introduced through the stomach, remedies have to pass through the *portal system* before reaching the general circulation.

3d—There are no circumstances under which it cannot be administered when indicated. Because the medicinal agents tastes badly, is nauseating or bitter, or the patient being delirious, refuses medicine altogether, or is unable to open his mouth or move the jaws, as in tetanus, *we can inject it under the skin*.

4th—We get a local and general effect at the same time, which makes it particularly advantageous in neuralgia, where we have both a local and a general disorder.

5th—Persons who will not tolerate any of the preparations of opium by the stomach, will receive it kindly, and bear it charmingly when introduced sub-cutaneously. This *alone* should recommend it to the attention of every physician, as of incalculable value. And, again, the constipation and head symptoms, which usually follow the internal administration of the drug, are not to be apprehended. I will here mention two cases as demonstrating this point:—

CASE 1.—Rev. A. A. Robinson, of this city, age about fifty, had his thigh fractured at middle of upper third; Dec. 10th, 1866. After Liston's long splint had been applied, and I had left him, thinking he would rest well from the chloroform he had taken, until I should see him again, he became restless, and was suffering so much, the nurse administered about one-quarter grain of morphine by the stomach, which produced excruciating pain in the region of his stomach, violent nausea, and great nervous derangement, which he informed me was the invariable effect of any of the preparations of opium upon his system, when taken by the mouth. Soon

as I reached his bed-side, I introduced under the skin of his arm ten minims of the solution of acetate of morphine, which brought complete relief in ten minutes; and he rested quietly for the next twelve hours. His peculiar nervous disposition, and circumstances surrounding him at the time of the accident, (being upon the eve of removing to another state) made him unusually restless and impatient, and, consequently, illy prepared for the quiet and composure required for a good recovery. Under these circumstances, it became necessary to administer the Hypodermic injections daily, sometimes morning and evening, for five weeks. During all this time there was no unusual constipation, no nausea, no loss of appetite, no unpleasant head symptoms, no *colic*; nor anything to retard a natural recovery from such an injury. Smith's Anterior Splint was used after the inflammatory symptoms subsided; and there was no *shortening*—a most fortunate and happy result, attributable to the quiet and rest produced by the Hypodermic injections. He could not bear opium or any of its preparations by the stomach; and his suffering must have been very great, coupled with a bad recovery, but for the Hypodermic injections; and so convinced was he of this fact, that he would not leave for his new home in Southern Florida, until a Hypodermic Syringe was ordered for him, and he instructed in its use.

CASE 2.—Mrs. ———, age 25, of this City, was suffering from acute articular rheumatism, and when called to see her, remarked, so soon as I entered her room, "Doctor, you must not give me opium: it makes me crazy, and vomits me all next day." The disease was located in her wrist and fingers of right hand, and had resisted counter-irritants, blisters, and the usual general constitutional treatment for several days. The great pain and loss of sleep for several days, had produced much prostration. I at once injected under the skin of the affected wrist twenty minims of Squibb's liquor opii comp.; and in ten minutes she was relieved of all her pain; and in twenty minutes, was in a

sound sleep, which lasted twelve hours. She awoke much refreshed; and the injections were continued at lengthened intervals,—at same time giving her colchicum and iron for ten days,—when she was dismissed, cured. The prompt action of occasional saline cathartics was not interfered with by the injections; neither did she *know* that she was taking *opium*.

6th—Finally, the remedy can always be at hand. The syringe is in a case, which contains a drachm vial, and can be carried in your vest pocket. No physician should be without one. The day will come when every physician will carry his Hypodermic syringe and morphine solution as religiously as our respected fathers once carried their lancet. What an amount of suffering could have been saved in our late war, if the Hypodermic administration of medicine had been generally known and used! Side by side with the discoverer of chloroform, and its adaptation to practical purposes, should be placed the man who first introduced to the notice of the profession this mode of the administration of remedial agents. In America, this credit is due Dr. Antoine Rupper, of Boston, whose indefatigable labors have enabled him to present to the profession a neat little work on Hypodermic injections; and from whose writings upon the subject I received my first impressions; and from whom I have drawn largely for the views contained in this communication. The afflicted of every section will “rise up and call him blessed.”

The instrument I use is made by Tieman & Co., of N. Y., and consists of a graduated glass barrel, with a brass screw-piston, though so arranged that it can be worked as an ordinary P. P. syringe. A *two drachm* syringe is the most convenient size for ordinary purposes. Accompanying the syringe, in same case, are two hollow needles, which ought to be very sharp. The finer the needle the better, for obvious reasons.

The operation is simple. Take hold of a fold of the skin,

with the left index finger and thumb, so as to make the part beyond the fingers *tense*; then pass the needle through it with a quick movement. Throw in the solution slowly, and press the finger gently over the puncture for a moment after withdrawing the point of the syringe, so as to prevent the escape of any fluid, and to prevent bleeding. My friend, Dr. Geo. F. Cooper, of this City, suggests that the *point* be allowed to *remain* introduced under the skin, and the syringe detached, in cases where we are not well satisfied as to the dose required to produce the required effect, so that said dose may be *increased* without having to *re-puncture* the skin. This is a good suggestion, since it saves the patient the pain and fear of a second puncture; and we have to wait but a few moments to settle the question.

There is a diversity of opinion as to the *point* of injection—whether at the *painful point* or any other point. Some benefit will be experienced by introducing the medicine *any where* in the cellular tissue. I have not time to enlarge here; but my own experience is in favor of *localization* of the injection, especially in neuralgia. I think it requires a smaller dose; and the effect is much more satisfactory and permanent.

In introducing the instrument, great care is required not to pierce a blood-vessel or wound a nerve. A correct knowledge of anatomy and caution, will prevent any accident of this kind. Neither should the same point be punctured *twice* in succession,—but immediately above it or below it. Frequent punctures at the same point endangers abscess. Vomiting results from an over-dose of the preparations of opium or atropine. This you will control easily with sul. nit. bismuth, or oxalate of cerium. I prefer the latter.

I will bring this hastily written article to a close, by stating a few cases from my note-book—treated with Hypodermic injections. For my own justification, I feel it my duty to state that this communication has been written under

pressing professional engagements, and with an honest desire that the attention of the profession may be directed to this new and unexplored field of medicine, that promises such happy and beneficial results..

CASE 1.—Mrs. P.—of Americus, Ga., aged forty, mother of several children, consulted me first of December, 1866, for severe neuralgia of the face and head, of twenty years standing. Pain confined to the left side, extends to the sagittal suture, of a dull heavy nature, almost constant, but at one time more severe than at another; has lost the sight of the left eye from amaurosis several years since. She also complains of a circumscribed pain around the ear. The lachrymal branch of the ophthalmic division and the potio dura is evidently involved.

She had taken and “worn-out,” quinine, morphine, strychnine, valerian, iron, and in fact, the catalogue of neuralgia remedies. I advised the Hypodermic injection. She did not consent to it until December 25th, when I was sent for. I found her in one of her most painful paroxysms: I injected fifteen drops of the solution comp. liq. opii at the palpebral point; and in ten minutes Mrs. P——was at ease.

Five days afterwards the operation was repeated; again four days later; and occasionally afterwards at longer or shorter intervals, as her pain required, for six weeks. The patient taking at same time, the hypophosphite of soda, in drachm doses, three times per day, and citrate of iron and strychnine in proper doses.

No return of neuralgia at present date of writing—March 28, 1867—being her longest period of relief since her attack. Her general health much better, and fast improving.

Although sufficient length of time has not elapsed in this case, to test the permanency of relief, yet enough has been achieved to warrant the assertion, that if she is not cured, her disease is at least so much mitigated, as to make her life tolerably comfortable, with a strong hope and good prospect of permanent relief. I shall watch this case with much interest.

CASE 2.—Mrs.—of this city, aged twenty; nervous temperament, and very excitable; six months gone in pregnancy with first child,—sent for me December 18th, 1866, in great haste, the messenger stating she was threatened with miscarriage. Arrived in her room ten minutes before eleven o'clock, P. M. Found her suffering with severe bearing-down pains at intervals of every five minutes.

At eleven o'clock, introduced ten minims of solution acetate morphine, at the insertion of the deltoid muscle of right arm. In fifteen minutes, said she felt *very comfortable*, and in fifteen minutes more was sound asleep. She awoke at two o'clock, complaining of slight pain, when I introduced five minims more of the solution, and left her. I saw her no more until 11th March, when I was summoned to attend her in labor. After a painful and tedious labor of thirty hours, she gave birth to a large child.

Three days after her delivery, she was violently attacked with puerperal peritonitis. All the *pain* of this terrible disease, in her case, was completely controlled by the Hypodermic administration of comp. liq. opii, whenever required, which in no wise interfered with the proper treatment. She is now out of danger, (March 23d) making a rapid recovery, and suffered less than any patient I ever treated, without the Hypodermic injections.

This lady could not take, in any quantity, any of the preparations of opium, without the most distressing vomiting and wakefulness. My friend, Dr. Cooper, visited this case with me, and witnessed the charming effects of the remedy.

I think this a most interesting and instructive case.

CASE 2.—Mr.—, aged thirty, of small stature, nervous temperament, consumptive, addicted to drinking, had suffered from an attack of delirium tremens for two days, when I saw him. He had suffered frequently from the disease.

Morphine, valerian, chloroform, and veratrum had failed to control his delirium. He would not go to bed; attempted to move away from his friends; refused to allow me to ex-

amine him in any way; swore the house was on fire, and the devil was trying to throw him into it, etc., etc. I found persuasion useless. I had him confined, and introduced at the first point I could (which was the top of his shoulder) a mixture of ten minims of the solution of acetate of morphine and five minims of the solution of sulphate of atropia. In fifteen minutes, he complained of feeling tired; was put to bed, and went to sleep; once or twice made feeble attempts to get up, but was easily controlled.

In three hours, repeated the operation without the atropine.

Heard no more from him for three or four days, when I saw him on the street.

There is no physician who does not dread the annoyance of a case of delirium tremens. Well, you need have no *further* dread, if you will provide yourself with a Hypodermic syringe. I have treated several cases with the above gratifying result.

CASE. 4. Feb. 13th, 1867. I was called to visit Mr. G., two miles from town; he is 22 years old, well built, and regular habits; found him suffering excruciatingly from bilious colic of three hours duration; he had been freely vomited with mustard; had taken laudanum, morphine, chloroform, whisky, &c., &c., to no purpose. His friends thought he must certainly die. I at once introduced twenty minims of comp. liq. opii and five minims of solution of atropine in the arm. In five minutes, considerably relieved; and in ten minutes, *completely at ease*. Directed three comp. cathartic pills at bed time, and left him. He was attending to his business next day.

CASE 5. Was called to see Mr. S., of this City, January 15th, 1867; he is 38 years old, strong and robust; found him suffering from an attack of remittent fever; most intense pain in head, back, and limbs; very irritable stomach, and great restlessness; pulse 130, and full; thirst very great, but vomits every time he attempts to take water; has com-

plete disgust for medicine, and is clamorous for relief. I confidently promised to put him at ease in a few moments. I injected twenty minims comp. liq. opii under the skin of his arm; and in twenty minutes pain was charmed away, and sleep came when least expected. The stomach received and appropriated the remedies; strength was not made subordinate to debilitating measures; and convalescence was more rapid than ordinarily.

CASE 6. Mr. R., of this City, had suffered for several months from *bone-felons* and carbuncles. He consulted me Dec. 18, 1866,—suffering from a palmer abscess of the right hand, and a carbuncle on back of his neck. He was in a distressed condition; was emaciated and anæmic from frequent attacks of chills and fever; had not been able to sleep for several nights; said he had been “cut so much” he could not again submit to it; and was afraid of chloroform, because he was consumptive. I advised him to submit to the required operation under the influence of the Hypodermic injection of morphine, which I thought would at least make the pain *bearable*. He agreed to it; and I injected ten minims of the solution of morphine and five minims of the solution of atropine under the skin of the back of the affected hand. In five minutes he was so much effected as to be put to bed. I immediately made a deep incision through the palmer fascia, turning out a considerable quantity of puss; also at same moment opened the carbuncle on back of neck. He manifested but little pain or concern for the operation. Sleep was irresistible, which lasted several hours. He awoke considerably nauseated, which was speedily silenced with half grain of acetate of cerium.

I have had no other opportunity of testing the efficacy of Hypodermic injections in relieving the pain of minor operations. In this case it certainly acted well, and if I had waited until my patient was sound asleep, I doubt if he had felt the pain at all,—as the pressing, syringing, and dressing, after he was asleep, did not disturb him.



It will be found invaluable in relieving pain and nervous irritability in all surgical accidents. It has also been found to prolong the anæsthesia from chloroform. I now invariably inject from one-quarter to one-half grain of morphine, when I expect my patient to be continued under chloroform for a length of time. The attention of the profession is respectfully called to this fact; and I hope those having larger opportunities than myself will test its efficacy, and report their experience to the profession.

This article has been unintentionally spun out to an uninteresting length. I only hope to call the attention of my professional brethren to this interesting and important subject; and if they will only try it, I have no misgivings about their experience coinciding with mine. Its field of application is not limited now, as formerly, to the various forms of neuralgia; but its usefulness has been demonstrated in various other diseases,—thus opening up a most extensive field for investigation.

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## ARTICLE II.

*Reduction of an unusual Dislocation of both Bones of the Fore Arm at the Elbow Joint, complicated with the fracture of the internal condyle of the humerus and of the tip of the Coronoid process of the Ulna, two months after the receipt of the injury. Reported by A. W. GRIGGS, M. D., of West Point, Ga.*

On the 6th day of December 1866, Dr. H. G. Tate, my co-partner in the practice, was called to see Mr. W. H. Clark, a highly respectable merchant of this city, and found him suffering from an injury received fifteen hours previously, by a fall from a vehicle. The accident occurred the evening before, on the Hamilton road, four miles distant from West Point. It appears that the animal working to the vehicle,

rushed precipitately forward, and the vehicle came in contact with a stump,—thus throwing the patient from his seat to the ground. He was considerably stunned; and whisky was obtained, and very freely administered by his companions. As soon as reaction began, he made great complaint of his left arm. They continued the whisky, which was all that they had in the way of medicine, and brought him to the east side of the river, to the house of a friend in that part of the city, where he remained during the night, without medical attention. Dr. Tate found the left arm greatly tumefied: the soft tissues so much strutted that it was impossible to make out a correct diagnosis. He ordered cold water to be constantly applied, and placed the patient under the strictest hygienic regimen—(of course antiphlogistic). On the 8th, the 3d day after the injury was received, I visited the case with Dr. Tate, and found the arm enormously swollen, and considerably ecchymosed. I had fears that gangrene would take place; but perseverance in the plan already inaugurated caused a subsidence of the aggravated symptoms in the course of twelve or fifteen days, and we could begin to get an insight into the nature of the case. It was now our opinion, that there was a lateral displacement of the ulna inwards, with a slight fracture of the coronoid process,—thus admitting of the projection of the articulating surface of humerus upon the anterior and inner aspect of the elbow joint. There was also evident fracture of the internal condyle of the humerus, and the head of the radius was thrown behind the eminentia capitata. The arm could not be flexed, and therefore was very painful and inconvenient to the patient. Mr. C. had lost so much time from his business, that he entered for *duty* before having any operation performed for his relief. We frequently advised him to do so; but the press of his avocation caused him to continue to procrastinate. Finally, being worn out with suffering and inconvenience occasioned by the condition of the injured member, he resolved to submit himself again to his physicians for remedy.

We advised him of the probable danger that was connected with every such procedure; and on the 5th day of February 1866, precisely two months from the time of the receipt of the injury, Dr. Tate and myself, with two other professional gentlemen of this city, undertook the reduction of the dislocation. The muscles and ligaments about the joint were very rigid and resisting; and the arm somewhat swollen, especially the wrist and hand, of which he had greatly complained all the time. Chloroform was administered by Dr. Gardner; and Dr. Tate placed his knee against the joint, and with the assistance of Dr. Oslin and myself, he began, gradually, efforts to flex the arm. This plan failed, notwithstanding that it was repeated by Dr. Oslin, and, also, by myself. Chloroform did not produce its usual symptoms, overcoming the tonic contractions of the muscles. We now tried another plan. Dr. Tate grasped the fore arm, and an assistant made traction at the end of a short bandage, one end of which was fastened above the wrist, while Dr. Oslin and I placed our fore arms at the joint—the one above, and the other below,—thus making a double fulcrum. We were so situated as to use great force; and the dislocation was, in this wise, reduced. The arm supporting the inferior extremity of the humerus, produced counter extension; and the arm acting upon the superior extremities of the bones of the fore arm, assisted by separating their new detachment; also, disengaged them from their entanglement against the irregular surface with which they were in contact. Gradual and continued extension was made in the way above described, by Dr. Tate and his associates, pulling the arm first in the axis in which it was found, and then bringing it to a right angle. This being done, an angular splint was applied; and for the better security from accident, strips of adhesive plaster were passed from the waist to the shoulder of the opposite side, an anodyne administered, and cold water ordered to be constantly applied. The symptoms which occurred subsequently to the reduction, were by no means so

imminent as those which appeared after the receipt of the primary injury. The patient still carries his arm in a support, but can use it a little; he can nearly straighten it; and can also carry the hand to the mouth by the assistance of his other; he has good use of his fingers; and we think that, notwithstanding the many difficulties connected with the case, the result will prove a success.

Mr. H. is low, heavy-set man, enjoys fine health, and is very athletic, and about 37 years of age. We hesitated as to the propriety of undertaking so serious a measure. In the first place, we might fracture the olecranon process, or break up unions just formed; secondly, we feared injury to important blood vessels, and also the renewal of active inflammation. We were, however, encouraged to attempt the reduction from a successful experiment previously made by Dr. W. F. Westmoreland, the Prof. of Surgery in the Atlanta Medical College, which consisted in reducing a dislocation of both bones of the fore arm backward, five months after the accident.

SELECTIONS.

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*A Case of Progressive Muscular Atrophy from Lead-Poisoning.* Under the care of Dr. WILKS.

THE patient whose case is here related, is still an inmate of the hospital. Her improvement, however, has been so steady and marked for some time past that there can be no object in delaying the publication of her case, which is one of peculiar interest. It chanced that we saw her whilst she was being admitted into the hospital, and the change which is now to be observed in her appearance is indeed remarkable. Our account of the case is partly derived from notes taken by Mr. Branford Edwards, Dr. Wilks's clinical clerk, and partly from our own observation.

Amelia C—, aged twenty-four, single, admitted on the 4th of July, 1866, in a state of extreme emaciation. She lies on her back, perfectly helpless, and presenting literally the appearance of a skeleton. Every muscle in the body is wasted to a very unusual and remarkable extent. Those of the back share in the general atrophy, which, however, is perhaps most of all marked in the muscles of the hands and arms. The fingers are flexed, giving the characteristic "griffin's claw" appearance, the flexion phalangeal and not the metacarpophalangeal joints. The interossei seem to have entirely disappeared so that the finger and thumb of an observer can be made between the metacarpal bones. The radius and ulna can be made out throughout their length quite as distinctly as though covered only by integument. The legs and feet are in a very similar condition. So wasted are the abdominal muscles that the spine can be distinctly felt throughout the lumbar region.

Her history is mainly derived from herself, and is not so clear as might be wished. It seems, however, that she began to menstruate at fourteen, and at that time was particularly fat. She lived at home with her parents, assisting in the household work, and although not very strong, enjoying very fair health. About five years ago she would appear to have sustained a great mental shock from the death of her

mother. She went on a visit to London, and there suffered from what she calls "inflammation of the bowels," which laid her up for two months. She has never been so well, she thinks, since that attack; but she was able to get about and work as usual. Her condition was one of debility, with irregular menstruation and slight hysteria. In November, 1864, she entirely ceased menstruating. In February, 1865, she left her home, owing to her father marrying again, giving up his farm, and taking a situation. She seems to have fretted very much at these changes and at her failing health. For nights together, she says, she did not sleep, thinking of her troubles. She got weaker, and lost her appetite. At this time (seventeen months before admission) she went to stay with a sister living at a village in Kent. Soon after her arrival (we learn from the doctor who attended her) she suffered more than once from attacks of hysteria; and she had not been there more than six or seven weeks when her health became worse than ever. She suffered from constant vomiting, abdominal pain, and gradual increasing weakness in her extremities, which she first noticed, she thinks, in her hands and arms. She lost all power over her limbs, and lay helpless in bed. In July, 1865, she lost her voice for about eight weeks, at the end of which time it returned. From this time she never left her bed for a year. At first there was great constipation of the bowels, sometimes no action taking place for a month. This was succeeded after some months by diarrhoea, and she passed her motions involuntarily. She never, however, lost control over her bladder. In this helpless, emaciated condition she lay, vomiting her food sometimes for weeks together, until her admission into Guy's Hospital in July, 1866. It must be noted, however, that her condition at that time was not quite so bad as it had been in the January preceding. There was, if anything, a little more power over the limbs.

On examination, Dr. Wilks discovered a blue line along the margin of the lower gum, and a less distinct one on the upper. On making inquiry into the possibility of exposure to lead, it was found that the water which she had been drinking came from a well close to the house, and was pumped up through a leaden pipe. It was surface water, and was very soft. A quantity was sent up for analysis, and Dr. Stevenson found that it contained a very minute amount of lead. It was ascertained that she had been living in one of

two semi-detached cottages, each of which was supplied from the same well, but owing to its position, there was twice the length of lead piping conducting the water into the adjacent house as into that which she occupied. The former was inhabited by a gardener and his wife, who had never suffered any ill effects. The latter contained, besides the patient, five persons: her sister and brother-in-law with three children. The only thing that could be learned about them was a doubtful history of weakness in one wrist of which the sister was understood to complain.

The patient was ordered to take five grains of iodide of potassium three times a day, and to be galvanized (faradisation) daily. For a month after admission she suffered much from looseness of the bowels and vomiting. The diarrhoea was apparently due to muscular relaxation. Under strong induced currents the flexor muscles were found to contract but there was no action in the extensors. By slow degrees the electro-motility of the muscles improved. On the 6th of September it is noted that "she is going on well; the muscles are obviously increasing in size. In October she was able to be moved into another ward. She could use the hands a little but could not stand. She became able to write and employ knife and fork. In November she walked across the ward with the aid of a chair. On the 3d of December she menstruated for the first time during two years. Rapid improvement took place during the month; and when we saw her a few days since she was able to walk about without assistance, and her hands presented an appearance which was nearly natural. She is still very thin, but she has lost that look of frightful emaciation which formerly belonged to her.

Dr. Wilks believes the case to be one of muscular atrophy from lead. insusceptibility of the extensor muscles to the induced current strongly favors this view, which is confirmed by the finding of lead in the water consumed, and the presence of the blue line on the gums.—*London Lancet.*

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*A Case of Hysterical Paraplegia.* Under the care of Dr. WILKS.

Not less interesting, though from a different point of view, is another case in the same ward with the last patient. In this, which is a good specimen of a very common class, the

real malady consists in a dormant state of the will. Some interesting remarks on this subject will be found in Dr. Wilks's paper on "Functional Diseases of the Nervous System," in the recent volume of Guy's Hospital Reports. The length of time during which the patient had suffered from her symptoms, and the rapid improvement when she was subjected to the necessary moral treatment, make the case a very striking one. Our account is derived from notes taken by the ward clerk, Mr. J. A. Sharp.

E. C—, aged seventeen, admitted Dec. 3d, 1866. She has always lived at home with her parents, and is the youngest but one of a family of five. Nine years ago she had an attack of what her friends called colic, which lasted two weeks. Five years ago she had rheumatic fever. She had a second attack of colic three years ago, which lasted three weeks. Six months later than this she was taken with pain in the left side and abdomen, which was increased on pressure and on attempting to sit up. After six months there was a remission of the pain, which lasted three months; then it returned, and has since been increasing and lessening in severity. Two years and five months ago (one month after the commencement of pain in the side and abdomen) she lost the use of her legs, and was unable to sit up; and the pain in the abdomen was increased if she was placed in any but the recumbent posture. The sensation of the legs was not lost, but she occasionally had a kind of twitching and trembling in them. Twelve months ago commenced a frequent barking cough; no expectoration. Six months ago she was mesmerised, and after this it was better for a short time. Her bowels are very costive. When she first took to her bed they were sometimes not open for twenty days; and she now passes seven days without a motion unless purgatives are administered. She has very great pain when a motion is passed. The urine is contained in the bladder at will; and micturition is painful. Has menstruated regularly since thirteen years of age, but the quantity of discharge has always been small. Appetite capricious, but food taken in small quantities is easily digested.

*Condition on admission.*—The appearance of the body generally is healthy and well nourished; the muscles of legs a little wasted; heart-sounds normal; pulse regular, full; lungs resonant; good respiration on both sides; lies constantly on her back in bed, complaining of pain in left side



and abdomen; attempts to raise her or sit her up increases the pain; cough frequent; hoarse, barking; no expectoration.

*Progress of case and treatment.*—On Dec. 6th Dr. Wilks ordered her to be slightly faradised, not with the view of its being of any therapeutical value, but simply to occupy the patient's mind with something.

Dec. 8th.—With assistance she got up and sat in a chair sometime without pain. The bowels not having been relieved for several days, Dr. Wilks ordered her one grain each of the extract of nux vomica, extract of aloes, and sulphate of iron, in a pill, to be taken night and morning.

9th.—She again got up for a short time. Cough less frequent and hoarse.

10th.—Bowels relieved for the first time in ten days.

13th.—Bowels again open; cough occasional and has almost entirely lost its hoarse barking character.

14th.—Sits up several hours every day, and by holding on by a chair and pushing it along can walk several yards.

17th.—The bowels are relieved daily. To-day she sat up several hours, and with assistance walked about thirty yards. Has sufficient power in her legs to stand, but in walking requires something to steady her. She still feels pain in her abdomen and side, but it is much less severe than formerly.—*Ib.*

*Complete Transverse Division of the Urethra by a Kick of a Horse on the Perineum; Perineal Section; Recovery.*  
Under the care of Mr. BIRKETT.

G. C——, aged fourteen, a fine healthy youth, was admitted at midday on June 28th, 1886. About twenty-four hours previously a horse kicked him in the perineum. He did not feel much pain at the time, and walked home, a distance of a quarter of a mile, immediately afterwards. He then went to bed. A medical man visited him in the evening, and endeavored to pass a catheter, but without success. Warm fomentations were then applied to the abdomen, and some blood flowed from the urethra. In the night he felt pain in the loins. Next morning, having passed no urine since the accident, he was brought to the hospital.

On admission, the perineum was slightly swollen and ecchymosed; the bladder, much distended, reached far above

the pubes. Unsuccessful attempts were made by Mr. Birkett to pass a catheter into the bladder, the point of the instrument being arrested in its course just beneath the pubic arch. Considerable hæmorrhage from the urethra accompanying these gentle attempts to pass a catheter led Mr. Birkett to the conclusion that the canal was torn; more particularly, too, as the instrument seemed disposed to take an erratic course, and its point could be felt too distinctly in the perineum. He decided therefore to open the perineum. Chloroform was given; and after another unsuccessful attempt to introduce a flexible catheter, a grooved staff was passed down to the perineum, and an incision made along the raphé from the posterior edge of the scrotum to the anus for about an inch and a half. Some coagulated blood was turned from the depths of the wound, when the urethra and its surrounding textures were found completely divided transversely. By compressing the bladder over the pubes, urine was made to issue from the posterior division of the ruptured canal, which was hanging into the wound, in consequence of its being detached from the corpora cavernosa, for about a quarter of an inch. The line of rupture in the urethra was not perfectly transverse, but ran obliquely across from below anteriorly to above at the back part; and, in consequence of the contractility of the tissue, the two ends of the divided canal were fully half an inch apart. Mr. Birkett passed a flexible catheter along the anterior division of the urethra, out at the perineal wound, and thence through the posterior division into the bladder; he then brought together the two ends of the ruptured urethra upon the catheter, and tied them with one silk suture introduced in the middle line of the under surface. The urethra was not touched by the knife during the operation. The flexible catheter was fixed in the bladder.

June 30th (second day).—All the urine passed through the catheter; none by the perineal wound. The skin around the wound was healthy, and the sides of the wound were bathed with pus. He slept and ate well, and had no pain.

July 6th (eighth day).—Catheter removed from urethra; it was slightly coated at the end with phosphates.

7th (ninth day).—Since the removal of the instrument he had made water four times; it mostly passed in the proper direction, but a little escaped at the perineal wound (less latterly than at first). The urine first passed was turbid and contained albumen.

9th (eleventh day).—Urine escaped freely through perineum; its passage unaccompanied with smarting. The urine was not albuminous.

12th (fourteenth day).—Made water easily; very little passing through perineum.

26th (twenty-eighth day).—The quantity of urine coming by the perineum had gradually decreased until, during the three preceding days, there had not been any escape in that direction. The wound was healed. He had never had a bad symptom; and he left the hospital to-day, having been under treatment twenty-eight days. The suture was never seen, although it was probably cast off in the discharge.

November 8th.—He called on Mr. Birkett to-day. He passed a full stream of urine without the slightest difficulty; and there seemed to be no symptom of contraction of the urethra, although three months had elapsed since the perineal wound was healed.—*Id.*

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*Middlesex Hospital.—Treatment of Acute Orchitis by the Alternate application of Heat and Cold.* Under the care of Mr. NUNN.

In private practice there is, in the treatment of gonorrhœa, no complication so much dreaded by the surgeon as that of swelled testicle; especially since the occurrence of the disorder of the testicle is too frequently attributed to some fault of management. The severity of the pain and the "sympathetic" disturbance of the general system have doubtless originated the very active plans of treatment often pursued in such cases. Whether surgical pathologists are strictly correct in teaching that the inflammatory action is limited to the epididymis, or not, it can scarcely be denied that the "sympathetic" phenomena have frequently relation to the nerve-supply of the body of the testis itself, or, are such as would result from violent impressions on the body of the testis. The pain of ordinary swelled testicle is very variable. In some cases the distress is great from a terrible weight in the loins; in other cases the pain is chiefly referred to the crural branch of the genito-crural nerve; but in all cases swelling is the remarkable symptom. The swelling greatly depends on effusion into the tunica vaginalis, though of course the highly vascular and abundant connective tissue of the

epididymis and the equally vascular structures of the scrotum have also an important share in the general enlargement. Mr. Nunn employs the alternate influence of hot and cold water in overcoming the inflammatory engorgement, having recourse to compression by strapping only in the late stage of the affection, when tenderness has in a great measure subsided.

CASE 1. (No. 80 in Register.)—J. H——, aged twenty-six, was admitted on the 30th of May last, under the care of Mr. Nunn. He had swelled testes one week: gonorrhœa three weeks. No sickness nor pain in the loins. Ordered to have a hot bath with cold douche over the testicle daily; half drachm doses of tincture of sesquichloride of iron three times a day.

In two days the symptoms were greatly relieved. His stay in the hospital was twenty-one days, owing to the continuance of the urethral discharge. The testicle was strapped on the 6th of June.

CASE 2. (No. 153 in Register.)—W. P——, aged twenty-three, was admitted on the 27th of June last, with acute orchitis and gonorrhœa. He was ordered a hot bath with cold douche daily, and a compound copaiba draught.

On the 4th of July he was discharged cured. The date of attack was June 21st. Stay in hospital seven days.

CASE 3. (No. 236 in Register.)—J. H——; age not recorded. Admitted July 26th. Four leeches and a purgative were ordered by the house-surgeon. On the 28th a hot bath with cold douche was ordered twice a day by Mr. Nunn.

The patient was discharged cured on the 2d of August. His stay in the hospital was six days. The testicle was strapped before he was discharged.

The beneficial influence of alternate application of heat and cold probably depends on the removal of the condition of *stasis* by the alternate dilation and contraction of the vessels in or near the inflamed parts. The crowded and adherent blood-corpuscles are again passed into circulation, and nutritional are substituted for inflammatory processes.

The method of applying heat and cold to the testes is as follows:—The patient is placed in a hot bath; after six or ten minutes a current of cold water is directed on to the testicle by means of an india-rubber tube for a minute or two. The parts are again heated, and the application of the cold water is repeated in a similar manner three or four times. An almost immediate sense of relief is the usual result.—*Ib.*

*Great Northern Hospital.—A Case of Vaginismus; Treatment by Nitrate of Silver and Iodine; Recovery.* Under the care of Dr. G. C. P. MURRAY.

Some four years ago Dr. Marion Sims drew attention to an excessive super sensitiveness of the vagina in married women which he had observed in two or three instances. Accompanying this was an involuntary spasmodic closure of the mouth of the vagina, to which he proposed to apply the term "vaginismus."

We have lately seen a case of this kind at the Great Northern hospital, in which Dr. Murray perfectly succeeded in removing the distressing condition. The patient was a woman of about thirty years of age, who had been married two years, but had never borne children. She described herself as suffering from excessive pain in and about the external genital organs. So sensitive were the parts that even the friction of her clothes was unbearable. The condition was constant, and had existed for several weeks before she applied for relief. Her appearance indicated anxiety and distress. Menstruation was regular, and she fancied that her symptoms were somewhat alleviated at the monthly periods. Since the commencement of her illness connexion had been absolutely impossible. Dr. Murray, on attempting to make a digital examination, was foiled owing to the excessive pain and spasm which were immediately produced. He could not succeed in introducing even the tip of his finger; the slightest pressure produced exquisite agony.

A tonic treatment with opiates was pursued, and a lead lotion ordered to be kept constantly applied to the vulva. No benefit resulting from these measures, in order to ascertain accurately the condition of the parts, he placed her under the influence of chloroform, and had then no difficulty in introducing an ordinary-sized speculum. The mucous membrane of the vagina was much reddened, dry, and rough, with small papillæ prominent on its surface. The os uteri presented on its posterior lip an ulcer, the size of a fourpenny-piece, and both lips were thickened as if by chronic inflammation. There was a thick phlegm-like discharge from the os, which was apparently retained in the highest part of the vagina by the spasmodic condition of the canal. So offensive had this discharge become by retention that it resem-

bled that found in carcinomatous disease of the uterus. Dr. Murray, having thoroughly cleansed the parts, applied the solid nitrate of silver freely over the whole surface of the os and cervix uteri. He then introduced a fold of lint, saturated with a strong solution of nitrate of silver, into the speculum; and, when this was withdrawn, the lint was left in contact with the walls of the vagina. This was allowed to remain for about ten minutes before removal. This treatment was repeated on two subsequent occasions at intervals of a fortnight, when the patient was again under the influence of chloroform. After this, at her next visit, she was so much improved that no chloroform was required, and an application of diluted tincture of iodine was made to the os and cervix without occasioning her much distress. The discharge completely ceased, the ulcer healed, and the patient is now (about three months since the treatment was commenced) freed from the irritation which caused her so much misery.

In this case it is fair to connect the vaginismus with the diseased condition of the os uteri.—*Ib.*

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*On the Hereditary Transmission of Pulmonary Tuberculosis.* By Prof. A. P. DUTCHER, M. D., of Cleveland, O.

There is no principle in medical science better established than the hereditary transmission of disease. Indeed it is an inexorable law of our being, and dates back to the fall of man, when the Almighty revealed to the race, that he would "visit the sins of the fathers upon the children to the third and fourth generation." Awful and impressive as this enunciation is, the warning is sometimes unheeded by the medical skeptic, and set at nought by those who are suffering its afflictions. Human nature is so debased; the influence of self-love so overwhelming and blinding to reason and judgment, that even while possessing numerous facts to guide them to the truth, thousands still resist the conviction, and suffer the penalty due to violated law.

It is true, as remarked by M. Renaudin, "that man appears to possess an independent existence, isolated from his birth from those who begat him, although there is but little

apparent relation between his ripe age and first infancy; it is not the least true that behind the characters peculiar to his individuality, we can discover certain typical signs, some of which betray his nationality, and others relating to his family. These typical signs are to be encountered not only in his physical organization, but also found in his idiosyncrasies; and if tradition is of any force as regards manners and customs, inheritance is of great value as relates to the tastes and habits. It is in fact manifested in transmission from generation to generation of the most inveterate maladies, before which art is obliged to confess its weakness; and it is with difficulty prophylactics ward off the sad results."

#### I. HEREDITARY INFLUENCE OF PHTHISIS.

I know of no disease in which we have so marked an exhibition of the doctrine of hereditary transmission as the one now under consideration. It is the outstanding type of all others. Whatever is characteristic of hereditary transmission in other maladies, finds its counterpart in the history of this. Peculiarities of mind, special configurations of body or features of countenance, are not more decidedly transmitted from parent to offspring, than the constitutional taint of pulmonary tuberculosis. It is not, in my judgment, simply the influence of a temperament, but a settled inherent predisposition to the deposit of tubercle in the lungs, and is propagated from one generation to another with more frequency than any other disease. And I am well satisfied, that when the mode of keeping medical statistics in this country shall become more uniform and perfect, they will show hereditary predisposition, in at least one-half of all who perish with the disease.

As a general thing, pulmonary tuberculosis is more frequently transmitted to the younger than the older children of a family, and more commonly to the females than the males. In a table compiled from the Brompton Hospital Reports, London, I find that in one hundred cases of phthisis, the disease is transmitted by the father four times, and by the mother thirteen times. The reason for this may be found in the fact, that the females are more exposed to the same inducing causes as their maternal parent. I have known several families where the disease was confined exclusively to the females; the mother and daughters perishing;

with it, while the father and sons were exempt. We sometimes witness the same thing in cancer. I am acquainted with the history of a family, where for three generations, nearly every female died with the malady, while there was not an example among the males.

But we sometimes see children of a family perish with pulmonary tuberculosis, of which the parents exhibit no signs, when subsequently, the father or mother or both are attacked, and thus the departure of the disease, which exerts a kind of anticipatory action in the offspring, is disclosed. Several years since I attended two young men in a family that was supposed to be entirely free from phthisis; they died with very pronounced symptoms of the disease. Their mother at the time of their death appeared to be in vigorous health. Six months subsequently she fell a victim to the same malady, thus exhibiting the existence of an hereditary influence, the effect of which had preceded the manifestation. Again, on the other hand; we frequently see whole families of children cut off with phthisis, whose parents have shown no signs of the disease, living to old age, and perishing with other maladies. I have the history of a family of twelve children, all of whom perished with pulmonary tuberculosis but one; the mother died with dysentery a few years since, and the father is still living, over ninety years of age.

You must not, however, infer from anything that I have said, that pulmonary tuberculosis, when produced by hereditary transmissions, commences at birth; for I never met with but one case of congenital pulmonary tuberculosis since I commenced the practice of medicine, and this was in an infant of a prostitute, suffering from constitutional syphilis. The child died a few days after birth. It was supposed that she had poisoned it. But this was not verified by *post mortem*. Its little lungs were uniformly occupied with miliary tubercles, about the size of a pin's head, from their summit to their base, constituting one of the most perfect specimens of this variety of tubercular deposit that I have ever seen. In most instances you will find that phthisis pulmonalis is developed by growth, or some other circumstance in life. A parent, for example, has it in middle life; his son does not get it until about the same period,—sooner or later. In this way the disease may remain latent for years before it is manifested. It has, however, been ob-



served, that under the influence of hereditary predisposition, the disease manifests itself at an earlier age than at which it is ordinarily developed independent of other causes.

Another interesting fact connected with the hereditary transmission of the tubercular predisposition is, that it may sleep through one generation only to awake in the next with redoubled energy. Dr. L. M. Lawson says "Every practitioner has met with numerous examples in which both parents were apparently free from taint, while their offspring suffered from tubercular or scrofulous affections; but on pushing the inquiry further, it would be found that uncles, aunts, or grandparents, had suffered from similar diseases. A young man, laboring under precursory signs of phthisis, presented himself to me for treatment; and the history of the case revealed the fact that he had lost four sisters and two brothers with consumption, and he, the remaining child, was now threatened. His father died at the age of forty-five, without any signs of pulmonary difficulty; his mother, aged fifty-five is living, in the enjoyment of good health. On further inquiry, I learned that the grandfather on the mother's side was said to have died of consumption of the bowels; and also, that his mother and sister died of consumption, and several of his brother's children perished in a similar manner. This is a very remarkable case. The maternal grandfather has some form of scrofulous or tubercular disease; but the daughter (mother of the patient) fifty-five years of age, and yet her seven children become the subjects of consumption; six die, and the seventh manifests decided symptoms of the approach of the disease."

Again, we sometimes see individuals marry when actually suffering under the first stage of phthisis; and we have often known a single year to circumscribe the existence of one of the parties, and occasionally both. Not unfrequently an offspring is the result of this union, who is almost sure to fall a victim to some form of tubercular disease. Infants, as we have already remarked, very seldom die with pulmonary tuberculosis; the taint commonly manifests itself in the brain or bowels. In the earlier part of my practice, I had under my care a young man who gave every evidence of incipient phthisis pulmonalis. He inherited a predisposition to the disease from his mother. At a period of temporary improvement in health, he married a young woman of good constitution, having no proclivities to the disorder.

He fell a victim to it about five years afterwards. The results of this union were three children, all of whom perished when they were about a year old from tubercular meningitis. His wife subsequently married a man free from all tubercular taint: they had four children; and so far as I know, not one of them ever manifested a single symptom of tubercular disease; and I was the family physician for more than fifteen years.

But children so frequently perish with tubercular disease, whose parents never have exhibited any traces of the malady, that some medical skeptics like Dr. Walshe, of London, ignore any hereditary influence in the case. I have no sympathy with such teachers. I have not the least hesitation in saying, that there are few cases of tubercular disease in children, which cannot be traced directly to the parent as the source of its origin. It is true, that in every instance the parent may not labor under the tubercular diathesis, but he may suffer from other constitutional maladies, which are known to produce tubercular disease in children. How often do we see the offspring of those who have constitutional syphilis die with the most aggravated forms of tubercular meningitis whose parents are inebriates? All going to prove that the sins of the fathers are visited upon the children. Who will deny that even the secret vices and excesses of early youth, may not be attended by scrofula and phthisis in offspring? The mental and physical condition of the parent, at the time of conception, has a most powerful influence for good or evil upon the future destinies of mankind. Shakspeare appears to have a vivid idea of this, when he put the following in the mouth of Edmund, in *King Lear*:

“ Why brand they us  
With base? with baseness? bastardy? base, base?  
Who, in the lusty stealth of nature, take  
More composition and fierce quality,  
Than doth, within dull, stale, tired bed,  
Go to the creating a whole tribe of fops,  
Got 'tween asleep and wake?”

If mankind were not begotten in the manner spoken of by the great dramatist, I most firmly believe he never would present himself before us in the degenerated physical and mental condition that he does; his nervous system would never be so early and irregularly developed, as to make his

subsequent life a curse to himself, and full often present him to our view, a driveling idiot, the wretched victim of insanity or of tuberculosis.

## II. HOW TO PREVENT THE TRANSMISSION OF PHTHISIS.

It is the settled conviction of some of our best medical writers, who have expressed an opinion on this subject, that the hereditary predisposition to tubercular disease can in a great degree be prevented by attention to the laws of health and matrimonial alliances of successive generations. "If," says Sir James Clarke, in his elaborate work on consumption, "a more healthy and natural mode of living were adopted by persons in that rank of life, which gives them the power of choice, and if more consideration were bestowed on matrimonial alliances, the disease which is so often entailed on their offsprings might not only be prevented, but even the predisposition to it extinguished in those families, in the course of a few generations."

The propriety of avoiding intermarriages with those families who give evidence of being tainted with the disorder, will not be questioned by any who has made the subject of phthisis a particular study. I think we should boldly protest against every union which will have the slightest tendency to entail on posterity this fatal and dreadful disease—God and humanity require it. The physician is the guardian of the public health. His mission is to prevent as well as cure diseases. It is with the living, moving, present race he has to do; with a being who contains within himself the germ of the highest mental and corporeal excellence. Alas! that the web of depravity and ignorance, that has so assiduously been wound around him, even from his earliest existence, should have so long opposed his physical and moral regeneration.

I have often felt in my intercourse with mankind, that it was almost a fruitless task to advise the practice of reason and common sense to those who were about to enter into the matrimonial state, especially to those who believe that love is invincible and uncontrollable; yet I have occasionally seen it attended with good. We know that all our passions are apt to take on morbid action by over excitement. This is especially the case with love, as it relates to the sexes. When an individual is thus affected, there is a peculiar overpowering influence that takes possession of the mind, which

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is fruitful in sighs, tears, and sleepless nights, caused by a pretty foot, a keen eye, a winning smile, or a tender expression; and one thus affected deems himself most desperately and irrecoverably in love. But, unless the being after whom he sighs happens to possess some of the standard excellences of character, he will perhaps find, when too late, that he has entered upon a course from whence there is no retraction. How often is it the case, that those who have been once as blind as the little god himself, are at length aroused from their sweet dreams of fancied bliss to the sad realities of wedded unhappiness.

But he is not often the only sufferer; others reap the fruit of his errors; posterity have a greater interest at stake than is often supposed, and which is still less oftener consulted. Suppose a couple, both the branches of a stock affected with tubercular disease, fall desperately in love, and there can be no objection to their union in respect to the moral worth of either party, is marriage, with their predispositions to the disease, justifiable or expedient? Or, in other words, will they be excusable for knowingly entailing such a fatal malady upon posterity? Are they excusable for perpetuating a disease that blights the fairest prospects of the race, and consigns so many to a premature grave? It would be better for them to suffer in their feelings, than that a numerous progeny should endure the ills of this wasting disease. Such reflections and sentiments enunciated by the scientific and upright physician, enforced by the spirit of truth, must touch the very heart; they cannot fail to reach the conscience. Reason would follow the dictates of conscience; but feeling, passion, and self-love prompts to a violation of moral and organic law.

I am well satisfied, from my own personal observation, that there is no relation in life which contributes more to the happiness or health of mankind, when judiciously formed, than matrimony; and yet, strange to say, we frequently see individuals enter into it with as little reason as if they were incapable of it. Passion rules the hour, and when blinded and maddened by its influence, they hurriedly enter into this important relation; and it is a truth which cannot be denied, that very many of these marriages formed in haste, when the parties are intoxicated with passion, are insensible to everything but its influence, end in mutual coldness, disgust, and faithlessness to the marriage vows.

It is true, a couple for a time may live on little less than love; but if there is a great inequality in temper, disposition, or education; or if the habits of living of one or both have been much more expensive than their means will warrant in the new relation they are about to form, they may well ponder the step they are about to take. Marriage alone does not confer happiness; but when formed with due reflection and proper principles, it will result in prosperity, and be followed by the most enduring affection.

### III. THE MEDICAL MANAGEMENT OF INDIVIDUALS WHO HAVE A HEREDITARY PREDISPOSITION TO PHTHISIS.

Under the term *medical management* we include both hygienic and therapeutical measures. As we cannot prevent phthisical individuals from getting married and having children, we will often be called upon to give instructions as to the best mode of rearing them. Those who are wise will be guided by our advice; those who are not will neglect it, and as a consequence, see their offspring fill a premature grave.

In this case medical management cannot commence too soon. It should be begun in early infancy where the slightest tubercular taint is manifested in the parent, and there is well grounded fear that it inherits the same habit. The health of the mother during the time of nursing is a matter of great importance; everything to promote it should be rigidly insisted upon. The means to accomplish this have already been pointed out in another lecture.

The greatest care should be taken at all times that the child is provided with sufficient nutriment easy of digestion, excessive repletion being carefully avoided. The health of the digestive organs must be faithfully watched, and everything that disagrees with them strictly prohibited. The apartments in which it is kept should be well ventilated and of a moderate temperature; extremes of temperature should at all times be avoided.

When the weather permits, it may be daily exposed to the outer air; bathing and all the other means of hygiene should be attended to as the nature and circumstances of the case may demand. When the child arrives at that age when it is capable of taking exercise, it should be encouraged to engage in active sports, such as jumping, playing ball, and the like; but excessive indulgence should be avoided. The training of the mind should also keep pace with the body;

but in no instance should it interfere with a full share of bodily exercise.

As puberty approaches, the greatest watchfulness should be had, that during this interesting period no bad habits be acquired—especially solitary vices, which expose the system to various derangements of health and diseases of a troublesome and fatal character. Walking and riding on horseback or light gymnastics, and the use of the tepid or cool bath, as personal experience may indicate, are now to be regularly and systematically practised. There are few things which contribute so much to the health and vigor of the human body as a clean skin. Few persons have any idea of the vast amount of effete matter that is constantly eliminated through its pores; when these are continually obstructed the system can never be in perfect health. See to it then, that it is thoroughly cleansed every way.

The exterior of the body should also be well protected from vicissitudes of temperature by suitable clothing. Flannel beyond all question is the best material for this purpose, and in a climate like ours, where it does not positively disagree with the skin, it should be worn by every one who is in the least predisposed to phthisis. Keep the exterior of the body clean and warm, and there will not be much danger of internal inflammations and fatal congestions. I am well satisfied that if more attention was paid to the clothing of children, among even the wealthiest class of the community, who have it in their power to dress their offspring as they please, the mortality of the race would be very much lessened. Croup, broncho-pneumonia, and some other diseases which so frequently demand the aid of the physician, would be exceedingly rare. But so long as society continues to be governed by the frivolities of fashion in the matter of dress, we cannot expect parents to be governed by the laws of nature or reason on this subject. Hence the necessity in this instance of enforcing our advice with special emphasis.

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[*Med. and Surg. Rep.*

## EDITORIAL AND MISCELLANEOUS

THE STUDY OF PRACTICAL ANATOMY DURING  
THE SUMMER MONTHS.

Yearly observation has confirmed us in the opinion advanced several years ago, that in warm weather dissections can be more conveniently, pleasantly, and profitably made than in winter. In this climate, subjects not prepared are of but little use in summer or winter. And even in northern latitudes, bodies kept in rooms sufficiently warm to make the student at all comfortable, will very soon become offensive and putrid. The modern mode of preserving bodies, then, is decidedly preferable for their use any season of the year. When properly injected subjects can be kept for an indefinite length of time, by keeping them submerged in fluid of some suitable kind, so as to prevent them from becoming dry and hard. We have known them kept in this way for four years, and dissected after the lapse of that time. The dissecting class in the Atlanta Medical College used subjects in the session after the close of the war, which were prepared in 1861. Dissections are now going on in the College, by students coming on to prosecute the study of Practical Anatomy, in advance of the opening of the lectures in May, very satisfactory to the class engaged. The great advantage of dissecting in warm weather, particularly when the dissecting-room is even less offensive than those kept for winter dissections, is readily perceptible to students who, with benumbed fingers and shivering limbs, dissected during last winter. Dissecting classes will be accommodated during the whole summer, throughout the course of lectures, as usual, in the use of material not at all putrid or offensive.

These facts having been verified for ten years, to the entire satisfaction of those taking the trouble to visit this Institution during its sessions, the great objection so vigorously urged against summer medical teaching heretofore, falls to

the ground, and the result is, that the patronage of the College has steadily increased. Of course, the great convulsion to which the country has recently been subjected, has brought prosperous enterprises of all kinds to commence as it were, *de novo*; but we observe, since the war, the same tendency to yearly increase of the number of students in attendance, as before. The indications, at present, lead us to expect double the number the ensuing session of that in attendance last year. That branch of science—Practical Anatomy—which it was thought by many would have to be virtually ignored by Summer Schools, will be found a leading inducement to the patronage of such Institutions. With a well lighted and ventilated dissecting-room, and well prepared material, we have no hesitancy in saying, that the warm seasons give great advantages in the study of Practical anatomy.

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### MEDICAL ASSOCIATION OF GEORGIA.

We had the pleasure of attending the meeting of this body, in Griffin, on the 10th inst.

The number in attendance, even in the embarrassed condition of the country, was larger than usual before the war.

The meeting was harmonious, and members exhibited a disposition to make the Association more useful to the country and the profession, than heretofore. Instead of passing through the session, with no other business than the discussion of questions connected with the government of the body, &c., there seemed to be a decided disposition in several of the members, (to their praise be it said) to present discoveries and improvements in practical medicine. These certainly should be the chief objects of the organization. The subjects presented, and the discussions upon them at the recent meeting, were quite interesting. We hope to hear a still larger number of reports at the next annual session, particularly on the recently discovered medicinal properties of indigenous plants. We give below the proceedings of the Association:



## MEDICAL ASSOCIATION OF THE STATE OF GEORGIA.

Convened in Griffin, at the M. E. Church, on the morning of the 10th of April, 1867.

The meeting having been called by the President, Dr. Means, the Rev. Mr. Winn was introduced, and opened the proceedings with prayer; after which, Col. A. D. Nunnally, Alderman, on behalf of the city, welcomed the members to Griffin.

Upon the call of the roll, the following members responded:—

A. Means, Oxford; L. H. Orme, Atlanta; R. C. Word, Atlanta; T. S. Powell, Atlanta; G. G. Crawford, Atlanta; John D. Fish, Savannah; J. H. Connally, Griffin; G. M. McDowel, Barnesville; W. C. Asher, Atlanta; C. L. Redwine, Atlanta; E. L. Connally, Albany; E. J. Roach, Atlanta; W. C. More, Atlanta; Chas. Pinckney, Atlanta; W. M. Charters, Savannah; J. M. Boring, Atlanta; A. W. Griggs, West-Point; W. S. Armstrong, Atlanta; N. B. Drewry, Griffin; E. F. Knott, Griffin; J. T. Banks, Griffin; Jno. L. Moore, Griffin; T. M. Darnall, Griffin; W. F. Westmoreland, Atlanta; DeSaussure Ford, Augusta; L. J. Dupree, Domilla; J. H. M. Barrett, Griffin; J. F. Alexander, Atlanta; J. N. Simmons, Atlanta.

Upon motion of Dr. J. T. Banks, the order of business was suspended for the admission of new members. The following named physicians were presented, vouched for, and elected members of the Association:—

Ed S. Ray, Atlanta; E. Geddings, Augusta; W. T. Holt, Macon; F. G. Castlin, Macon; J. J. Knott, Griffin; Geo. B. Beecher, Griffin; J. A. Davis, Atlanta; A. Hunnicutt, Newnan; J. P. Touchstone, Newton; Thos. Mitchell, Griffin; J. D. Yarber, Griffin; W. H. Touchstone, Griffin; E. A. Flewellen, Thomaston; M. J. Daniel, Griffin; J. G. Thomas, Savannah; R. V. Reid Zebulon; T. Heard, Griffin; R. P. Myers, Savannah; L. L. Strozier, Albany.

Rules were, upon motion, again suspended for the purpose of inviting Mayor and Aldermen and members of the press to seats on the floor.

The proceedings of last meeting were then read and adopted.

Upon motion of Dr. J. T. Banks, the session adjourned until 2½ o'clock, P. M.

2½ O'CLOCK, P. M.

Meeting called to order by the President. Minutes read and adopted.

An election for officers of the Association for the ensuing year was then held, which resulted as follows:—

Dr. W. M. Charters, of Savannah, President; Dr. T. S. Powell, of Atlanta, 1st Vice President; Dr. DeSaussure Ford, of Augusta, 2d Vice President; Dr. L. H. Orme, Recording Sec'y; Dr. R. P. Myers, of Savannah, Corresponding Secretary; Dr. John D. Fish, of Savannah, Treasurer.

On motion, Dr. E. L. Connally, of Albany, Dr. W. F. Westmoreland, and J. T. Banks were appointed a committee to conduct the newly elected President to the chair.

Dr. A. Means, before retiring from the chair, addressed the Association. He congratulated it upon its choice in the selection of his successor in office. It would probably be the last time that he would serve them in the capacity of presiding officer. He had prepared no address, but would send a message to those rising up to stand upon the stage that he was leaving.

He then dwelt for some time with power and eloquence upon the subject of electricity in its connection with physiology and pathology, and the invaluable contributions which it is destined to supply to the resources of the medical profession, and took an affecting leave of the body.

The newly elected President, Dr. Charters, then, upon assuming the duties of his office, addressed the Association in an appropriate manner.

The following resolutions were then introduced by Dr. L. H. Orme, and after some debate, were postponed until morning session:—

**WHEREAS**, According to article 1, Code of Ethics of the American Medical Association, "every individual, on entering the profession, as he becomes entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to 'maintain its dignity and honor,' and "to exalt its standing;" and

**WHEREAS**, According to article 4, of said Code of Ethics, "a *regular* medical education furnishes the *only* presumptive evidence of professional abilities and acquirements, and ought to be the *only acknowledged right* of an individual to the exercise and honors of his profession;" therefore—

*Resolved*, That while the fact is recognized that there are

in our midst medical practitioners worthy, talented and useful, who, from lack of means or other cause, have failed to obtain a diploma; yet, as the earning of the degree of doctor of medicine furnishes the only presumptive evidence of a *regular* medical education, the Georgia Medical Association, fully alive to the honor, dignity, and true interests of the profession, deems the admission, *in future*, of non-graduates to membership, a violation of the spirit which governs the code of medical ethics.

*Resolved*, That *hereafter*, no individual shall be entitled to membership in this Association who has not received the degree of doctor of medicine from some medical school of known and acknowledged respectability, and as such recognized by the American Medical Association.

*Resolved*, That the portion of the constitution which provides for the admission to membership in the Georgia Medical Association of State licentates be stricken out.

On motion, meeting adjourned until 9 o'clock, A. M., April 11th.

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APRIL 11TH, 9 O'CLOCK, A. M.

Meeting called to order by the President.

Minutes read and adopted.

Resolutions by Dr. L. H. Orme, the day previous, were then brought up, and after some discussion, were adopted.

Reports from auxiliary societies were then called for. The following societies then reported:

Georgia Medical Society, Savannah, Ga.

Atlanta Medical Society, Atlanta, Ga.

Georgia and Alabama Med. Association, West Point, Ga.

Fulton County Medical Society, Atlanta, Ga.

Upon written communications being called for, Dr. R. C. Word, of Atlanta, read before the Association, an able essay upon the duties of the people to the medical profession; after which the following resolution was offered by Dr. T. S. Powell, and adopted:

*Resolved*, 1. That the thanks of this Association are due to Dr. R. C. Word for the truthful and able essay he has read on the obligations of the people to the medical profession.

*Resolved*, 2. That this Association fully endorse the sentiments therein contained, and recommend that the essay be published in the Medical Journals of the State.

Upon motion of Dr. Roach, the order of business was

suspended, in order to elect a place for the next annual meeting.

Upon motion of Dr. Crawford, the choice was ballotted for, and resulted in the selection of Augusta.

On motion of Dr. Alex. Means, the rules were then suspended, in order that he might direct the attention of the Association to a financial question in reference to the publication of Dr. Gaillard's prize essay.

Dr. W. P. Holt, of Macon, read before the Association the following report:

*Persistent Eclampsia: forced delivery accomplished by bilateral incision of the Cervix Uteri.* By Wm. P. Holt, M. D., Macon, Ga.

I was summoned at 6 P. M., on March 9th, 1867, to see Mrs.——, a *primipara*, aet. 19, stout, robust and very plethoric; was informed by her that she had "grinding" pains at regular intervals of fifteen or twenty minutes, since 11 A. M., and that she was under the impression that she was not at full term. I made an examination and found the os very high up, *undilated* and rigid. She states that she has had an unusual *fullness* about her head for the past three weeks; that her limbs were swollen, and that the pain in her arms was so great at night, as to prevent her from sleeping; that about ten days since, while going down the steps, she fell, but experienced no inconvenience from the fall; not even soreness.

The pains continued to increase in severity; and at 10 P. M., she had heavy bearing down pains, when I again made an examination, and found the os in the *same position and condition*. Up to this time there was nothing unusual in her appearance. Expressing a desire to empty the bladder, I retired from the room, leaving her in charge of her husband and nurse, and was informed upon my return to her chamber, that she had voided urine, and had sat up before the fire warming her feet, (which, notwithstanding the application of hot irons, continued cold) and that while up, that there was a wild expression about her eyes. I detected a slight twitching about the facial muscles, and at once bled her sixteen or twenty ounces, and dispatched a messenger for my friend, Dr. D. W. Hammond.

He arrived at 12 M., when she had a violent convulsion. Upon consultation we determined to apply mustard sinapism

to her extremities, cold to her head, and to try the effect of chloroform, the *free inhalation* of which seemed to modify, but not to arrest the convulsions. Examination revealed no change in the condition of the os; ordered the following:

R.—Ol. ricini ʒi., ol. terebinthinæ ʒi., which she retained, though she had been *vomiting* occasionally all night. Dr. H. and myself both remained with her until 7 A. M., when I was summoned home, leaving her in his charge, and promising to return at 8½ o'clock, and to invite Dr. C. B. Nottingham to see her with us. I returned at the specified time, and was informed by the Doctor that during my absence she had thirteen (13) convulsions, and that each one was more terrific than its predecessor; that her face became livid, breathing stertorous; in fact, she was almost comatose. We determined to make an effort to *force* the finger through the os, and if possible, rupture the membranes, which was accomplished after much difficulty, the contraction being so firm that it was almost impossible to move the finger.

At 9 A. M., Dr. Nottingham arrived, when the patient had another convulsion, which seemed as if it would terminate her existence. Upon examination, (there being no change in the condition of the os) we determined to bleed her again, which I did *copiously*, and to wait until 12 M. for further developments, at which time Drs. H. and N. were to see her. After the loss of blood, she was more quiet, although her breathing was heavy and labored. At 11 A. M., she became restless, tossing to and fro, requiring two or three attendants to keep her in bed. At 11.20 she had another convulsion, followed at short interval by another, a few minutes before 12 another, when the Doctors arrived and determined that something must be done and speedily; patient insensible, and os still *undilated*; agreed upon bilateral incision of cervix uteri; drew her to the edge of the bed, limbs drawn up and supported by Dr. N. and myself. Dr. Hammond proceeded to divide with a probe pointed bistory, the undilated neck of the os in a lateral direction on each side, cutting towards the right and left acetabulum, and then *forcibly* dilating with finger, introduced a hook, caught the foetus in the groin, (being a breech presentation) drew it down, and in a few minutes delivered her of a dead female foetus about seven months. Patient still insensible and circulation very feeble. Placenta taken away entire; but uterus not contracting well, introduced the hand, removed a quantity of clot; inserted a

piece of ice, put her to bed, and ordered feet kept warm, head cool, and flax seed mucilage kept constantly applied to her tongue, which was very much swollen from being bitten during convulsions, although efforts were made to prevent it by introduction of piece of wood and spoon between her teeth. To meet at 5 P. M., during which time she had no more convulsions; condition comparatively comfortable; drew off urine with catheter.

11th, 8½ A. M. Again used catheter; patient seems rational, and answers questions by nod or shake of the head, tongue being too much swollen to articulate.

5 P. M. Ordered ol. ricini, ʒi., ol. terebinthenæ, ʒi.; used catheter; circulation 100; has a more natural appearance.

12th, 8½ A. M. Quiet this morning; bowels well acted on by the oil; did not use catheter, urine having been voided.

5 P. M. Restless; pulse 112; ordered anodyne draught.

13th, 8½ A. M. Did not sleep well; complains of pain in breast, which are distended and hard; ordered light diet, and to rub breast with camphor soap liniment; mind entirely clear, but does not remember what had happened.

14th. Improving.

15. Restless; ordered 40 drops elixir opium.

16th and 17th. Doing well.

18th. Discharged.

*Remarks.*—The foregoing case has thus been minutely described, because, to my mind, it was an extraordinary and peculiarly interesting one, from the protracted and persistent unyielding, rigid os uteri, and from the novel, but successful mode adopted for its relief. "Under the head of difficult labor, may properly be considered all cases, where from any cause, the delivery is retarded or rendered dangerous."

In this case the delivery was not only retarded, but rendered imminently dangerous by the rigid and unyielding condition of the os uteri. The remedies, according to the best standard authors, are blood-letting, nauseants, the use of belladonna to the parts, and above all, anæsthetic. Recently, it has been suggested, in slow dilatation of the os, to divide, to a limited extent, a portion of the circular fibres, but I believe has not met with much favor from the profession, because it is considered dangerous, and rendering the patient liable to rupture of the uterus. Opiates have been recommended when the labor is tedious; its advocates claim-

ing that it quiets the contractions, thereby giving time for the circular fibres to dilate.

In the case under consideration, the patient had been nauseated and vomited frequently; was bled *copiously*, and kept under the influence of chloroform for several hours; all of which had *no* influence in *dilating* the os uteri. The belladonna was not applied, because the writer has never seen any good effects from its use; and this opinion has been corroborated by the experience of his personal friends in the profession. A full opiate would have been given, (as the patient was persuaded she was not full term) had it not been for the hyperæmia of the brain, which, to my mind, clearly contraindicated its use.

Here, then, we have a case in which all the remedies have been employed that have been recommended, where the os does not dilate,—all of which had *no* effect.

The patient in imminent danger of dying from convulsions, and this bilateral incision of the cervix uteri was performed, which not only arrested the convulsions—having removed the cause—but terminated successfully; the patient having not one threatening symptom, but a speedy recovery.

Not having seen this particular operation reported, I desire to impress upon the profession the facility with which it can be performed when *necessary*, and that too with a reasonable hope of success.

Dr. Flewellen reported a plan, extemporized by him some years ago, to accomplish forced delivery, which he thought would generally obviate the necessity for this unusual and dangerous operation of section of the cervix uteri.

It was in the case of a lady about seven months advanced, who, without any other apparent cause than that of pregnancy, was seized with obstinate and uncontrollable vomiting, which persisted for several days in spite of all efforts to arrest it, and until it became evident that she must die without the accomplishment of speedy premature delivery.

To effect this, a *toy* balloon of pure india rubber, was procured, a portion of its wall cut away, a flexible catheter introduced through the aperture, and the india rubber bag drawn over the end, or laid in plaits as smoothly as possible the distance of several inches along the catheter, and tied around it so securely as to prevent the passage of fluid.

The catheter thus surmounted was passed through the cervical canal, the cervix resting about midway the bag.

The nozzle of a suitable syringe was then adjusted to the external open end of the catheter, and cold water gradually forced through it—thus expanding the rubber bag into the form of an hour-glass—the constriction representing the part within the canal, and the bulbous parts the expanded extremities of the india rubber sac,—one being within the internal, and the other without the external os uteri.

Dilatation and speedy delivery were accomplished without bad results.

Dr. Powell discussed the subject at some length: stated that the operation, under many circumstances, was certainly justifiable; but the necessity for such interference should be determined by a thorough knowledge of the symptoms, which indicate that the labor, if left alone to nature, would jeopardize the safety of the mother; alluded to many of the circumstances or obstacles justifying and even requiring the operation. Unyielding rigidity of the cervix, in a healthy condition, may require surgical interference; but generally the knife will not be required, unless the extensibility of the fibres has been destroyed by disease, or become undilatable in consequence of cicatrices. The propriety of the operation in case reported by Dr. Holt, was clearly proven. He also stated, that the principle of Dr. Flewellen's mode of producing premature labor was old; but the plan, new, practical, and ingenious.

Dr. Thomas, of Savannah, said that the plan suggested by Dr. Flewellen was of considerable importance to the profession, in connection with the production of abortion. He then gave his views at some length on the case reported by Dr. Holt. He congratulated the Association on the prospect of a return to its legitimate work—the discussion of scientific subjects connected with the medical profession.

Dr. W. F. Westmoreland remarked that the case just reported by Dr. Holt, of Macon, Ga., was one of great interest; and as there had been, by members, some doubts expressed as to the propriety of the bilateral section of the os uteri, he felt that every member who had been called to treat cases requiring such mechanical interference, should give the Association the result of their experience.

Impressed with this duty, he now proposed to give a brief report of a case in which, in connection with Drs. L. H. Ormie and J. F. Alexander, he performed the same operation.

The subject was a *primipara*, twenty-five years of age.



From Dr. Orme, who had charge of the case for the first six days of the labor, he obtained the following history of the case :—

On Saturday, the 25th November, 1866, labor commenced, and continued with more or less intensity until the following Wednesday, when the membranes were ruptured: There was no dilation of the os up to this time.

After the "waters" were discharged, the pains increased in intensity until they were almost unendurable. At no time, notwithstanding the most terrible pains, did the os dilate to more than the size of a Mexican dollar.

On Friday, the 7th day of the labor, he saw, with Drs. Orme and Alexander, the case for the first time. The patient, at that time, was greatly exhausted, a little delirious, with frequent and feeble pulse; the os was dilated to the size of a silver dollar, the edges thick and rigid, presenting a cartilaginous feel.

It resisted every effort at mechanical dilatation. Upon consultation, it was decided to make a bilateral section of the os uteri, and deliver with the forceps. He made the section with a pair of scissors, extending the incisions from an inch and a half to two inches on either side. It was not found practicable to deliver with the forceps, and craniotomy was then resorted to; and after considerable difficulty, delivery of a well formed child was finally accomplished. The patient did not rally, but continued to sink; and died in ten hours after the operation.

In this case, as in that reported by Dr. Holt, the woman would have certainly died with the child in utero, but for some mechanical interference.

The choice in such cases is between a section of the os and Cæsarian section.

It was unnecessary to discuss the relative dangers of the two operations to the mother. He did not regard the section of the os uteri, under such circumstances, as a formidable operation. That Dr. J. Marion Sims had demonstrated that complete section of the neck of the uterus could be made without inducing any unpleasant symptoms; that in sterility, the result of some forms of mechanical dysmenorrhœa his favorite plan of treatment was the bilateral section of the neck, extending to the internal os. While he admitted that there would be more risk in making a section of the gravid than the non-gravid uterus, still, Dr. Sims's opera-

tions upon this organ, has taught us that such operations are not so formidable as was once supposed.

The fear of wounding the peritoneum should not deter us, as the portion of the uterus incised corresponds to the neck in the non-gravid uterus, and has no peritoneal covering.

He suggested that four or five sections or incisions would perhaps give more space for the passage of the child's head than the bilateral section; that in the next operation of the kind that he was called on to perform, he should adopt this plan.

Dr. Charters, our worthy President, then yielded the chair to Dr. T. S. Powell, 1st Vice President, for the purpose of giving his views on the subject.

Dr. J. F. Alexander reported a singular case of a citizen of Atlanta, who, upon entering his room, began combing his whiskers, and thousands of sparks were emitted and fell to the floor; and farther, that when he would grasp a common glass tumbler with his hand, it would break in pieces.

Dr. A. W. Griggs, of West Point, was then conducted to the stand, and entertained the Association in an able and eminently creditable manner upon the subject of electrical forces as connected with intermittent fever.

Dr. J. T. Banks, of Griffin, then offered the following resolution, which was adopted:—

*Resolved*, That we hereby tender a vote of thanks to our late President, and request a copy of his address for the Association.

On motion, meeting adjourned to meet at 8 o'clock, P. M.

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3 O'CLOCK, P. M.

Meeting was called to order by the president. Minutes read and adopted.

The following resolution was then offered by Dr. George M. McDowell of Barnesville, and adopted:—

*Resolved*, That a committee of three be appointed by the President, to prepare an address to the public, on the true relation of charletans and their nostrums to legitimate medicine, to report at next meeting. Committee—Drs. McDowell, Holt, and Crawford.

The following resolution was then introduced by Dr. W. F. Westmoreland, of Atlanta:—

*Resolved*, That a committee of five be appointed to revise the Constitution of the Medical Association of the State of

Georgia, to report at next meeting. Committee—Drs. W. F. Westmoreland, Griggs, Ray, Banks, and Myers.

The following resolution was introduced by Dr. A. W. Griggs, of West-Point, and adopted:—

*Resolved*, That a committee of five be appointed to present a report of the Medical Topography of the State of Georgia, to report at next meeting. Committee—Drs. Griggs, Thomas, Flewellen, Alexander and Ford.

Dr. A. W. Griggs introduced the following resolution, which was adopted:—

*Resolved*, That a committee of five be appointed to report upon the medicinal properties and uses of the various unofficial indigenous plants of the State of Georgia, and other states with which they may be familiar. Committee—Drs. J. G. Westmoreland, Charters, Crawford, Geddings, and Hammond.

The following standing committees appointed at the last annual meeting were continued:—

Committee to prepare sketch of the life and character of those members of the Association who have died since the meeting of 1861—Drs. Ford, Banks, and Logan.

Committee to examine prize essays—Drs. Banks, J. G. Westmoreland, Ford, Drewry, and O'Keefe.

Committee to memorialize the legislature or registration of births and deaths—Drs. Habersham, Westmoreland, and Word.

On motion of Dr. Edwin S. Ray, of Atlanta, the name of Dr. DeS. Ford, of Augusta, was inserted instead of Dr. F. O. Dannally, removed from the State.

On motion of Dr. W. F. Westmoreland, one hundred dollars was offered for three essays, fifty dollars for the first, thirty dollars for the second, and twenty dollars for the third; or medals amounting to the same, as the essayist may prefer.

On motion of Dr. Ray, of Atlanta, Dr. J. G. Thomas, of Savannah, was elected orator for the next annual meeting.

The following resolution was then introduced by Dr. J. T. Banks, of Griffin.

*Resolved*, That the thanks of this Association be tendered to the following Rail Roads of Georgia, which have kindly made concessions in favor of members of said Association: Georgia R. R., Central R. R., Atlanta and West-Point R. R., Macon and Western R. R., Savannah and Gulf R. R., Augusta and Savannah R. R.

On motion of Dr. Ray, Dr. Ford, of Augusta, was appointed chairman of the committee of arrangements, with the privilege of selecting his associates.

On motion of Dr. Myers, of Savannah, the report of the late treasurer was received, and ordered to be spread upon the minutes.

The following resolution was then offered by W. F. Westmoreland, and adopted:—

*Resolved*, That in the opinion of this Association, there is no breach of the Code of Medical Ethics which governs the profession, in physicians contracting with the owners or agents of plantations for the treatment of freedmen in their employ: *provided*, that in each city, county, or neighborhood, uniformity of charges be observed, and underbidding avoided.

Upon motion of Dr. Word, of Atlanta, the late Treasurer was called upon for a full report.

The following resolutions were introduced by Dr. J. N. Simmons, of Atlanta, and adopted:—

*Resolved*, That the members of the Association highly appreciate the cordial welcome they have received on the part of the city authorities of Griffin, and that their thanks are due and are hereby tendered to the citizens, and especially to the ladies, for their kind offices in contributing to the pleasures of this body during their session in this city, furnishing such entertainments as are ever agreeable, and which are esteemed as evidences of kind feeling and good will to the profession.

*Resolved*, That the thanks of this body are tendered to the Trustees of the M. E. Church, for the use of their lecture room for its deliberations.

On motion of Dr. Holt, of Macon, a vote of thanks was tendered to the Recording Secretary and Treasurer for the prompt and efficient manner in which they discharged their duties.

On motion, the proceedings of this meeting of the Association were ordered published in the Medical Journals of the State.

There being no further business, the meeting adjourned to its next annual meeting, in Augusta, on the second Wednesday in April, 1868.

L. H. ORME, *Rec. Sec.*

**DR. STORER'S LECTURES.**

The Lectures proposed by Dr. H. R. Storer, of Boston, to be delivered during the first two weeks of June, we presume will be eminently interesting and instructive.

His connection with Dr. Simpson, of Edinburgh, as assistant in practice, and as one of the Editors of his *Obstetrical Works*, in 1854-5, beside other evidences of his familiarity with female diseases, give assurance that his course of Lectures on the Treatment of Surgical diseases of Women, will be practical and useful.

---

**TO PHYSICIANS.**

~~~~~  
At the request of several members of the profession,

**DR. HORATIO R. STORER**

will deliver a private course of twelve lectures upon the Treatment of the

**SURGICAL DISEASES OF WOMEN,**

during the first fortnight of June, at his rooms in Boston.

Gentlemen attending the course will be required to show their diplomas. Fee \$50.

*Hotel Pelham, Boston, March 29, 1867.*

*Meteorological Observations taken by J. G. Westmoreland, M. D., for the Smithsonian Institute, April 1867 at Atlanta, Ga., Lat. 33° 45'—Lon. 7° 30'—Height above the Sea, 1050 feet. EXPLANATION OF TABLE—0 Signifies Fair; 10 Cloudy; 5 Half Cloudy.*

# *Meteorological Table.*

145

| BAROMETER. |       |         | THERMOMETER. | RAIN.    | CLOUDS. |       |         | WINDS.  |       |         |
|------------|-------|---------|--------------|----------|---------|-------|---------|---------|-------|---------|
| 6 A. M.    | 12 M. | 6 P. M. |              |          | 6 A. M. | 12 M. | 6 P. M. | 6 A. M. | 12 M. | 6 P. M. |
| 1 29.8     | 29.8  | 30      | 45           |          | 5       | 5     | 0       | N. W.   | N. W. | N. W.   |
| 2 29.7     | 29.7  | 29.7    | 44           |          | 5       | 5     | 10      | S. W.   | S. W. | S. W.   |
| 3 29.7     | 29.7  | 29.9    | 43           |          | 5       | 10    | 10      | S. E.   | S. E. | S. E.   |
| 4 29.8     | 29.8  | 29.7    | 40           | .9       | 5       | 10    | 0       | S. E.   | S. E. | S. E.   |
| 5 29.9     | 30    | 30      | 50           |          | 5       | 0     | 0       | N. W.   | N. W. | N. W.   |
| 6 30.3     | 30.4  | 30.3    | 40           |          | 0       | 0     | 0       | N. W.   | N. W. | N. W.   |
| 7 30       | 30    | 30      | 45           |          | 0       | 0     | 5       | S. W.   | S. W. | S. W.   |
| 8 29.8     | 29.7  | 29.7    | 53           | Drizzle. | 10      | 10    | 10      | S. E.   | S. E. | S. E.   |
| 9 29.7     | 29.7  | 29.7    | 53           | 1.3      | 10      | 10    | 10      | S. E.   | S. E. | S. E.   |
| 10 29.8    | 29.8  | 29.6    | 56           | .1       | 10      | 5     | 10      | S. E.   | S. E. | S. E.   |
| 11 30      | 30.3  | 30.3    | 53           |          | 5       | 5     | 10      | N. W.   | N. W. | N. W.   |
| 12 29.8    | 29.8  | 29.7    | 50           | .1       | 5       | 5     | 5       | S. E.   | S. E. | S. E.   |
| 13 29.8    | 29.7  | 29.7    | 50           |          | 5       | 5     | 5       | S. E.   | S. E. | S. E.   |
| 14 29.6    | 29.6  | 29.6    | 53           |          | 5       | 5     | 10      | S. E.   | S. E. | S. E.   |
| 15 29.7    | 29.6  | 29.6    | 60           | .5       | 5       | 10    | 10      | S. E.   | S. E. | S. E.   |
| 16 29.8    | 29.8  | 29.7    | 53           |          | 0       | 5     | 5       | S. W.   | S. W. | S. W.   |
| 17 29.8    | 29.7  | 29.7    | 54           |          | 5       | 5     | 5       | S. W.   | S. W. | S. W.   |
| 18 29.8    | 29.7  | 29.7    | 53           |          | 5       | 5     | 5       | S. E.   | S. E. | S. E.   |
| 19 29.8    | 29.8  | 29.8    | 64           |          | 5       | 5     | 5       | S. E.   | S. E. | S. E.   |
| 20 29.7    | 29.5  | 29.5    | 64           | .1       | 5       | 5     | 10      | S. E.   | S. E. | S. E.   |
| 21 29.4    | 29.5  | 29.5    | 70           |          | 5       | 5     | 5       | S. W.   | S. W. | S. W.   |
| 22 29.4    | 29.6  | 29.8    | 65           |          | 5       | 0     | 5       | S. E.   | S. E. | S. E.   |
| 23 29.8    | 30    | 30.2    | 64           |          | 5       | 0     | 5       | S. W.   | S. W. | S. W.   |
| 24 30      | 29.7  | 29.8    | 63           |          | 5       | 0     | 5       | S. E.   | S. E. | S. E.   |
| 25 29.8    | 29.7  | 29.8    | 54           |          | 10      | 10    | 10      | S. E.   | S. E. | S. E.   |
| 26 29.8    | 30    | 30      | 53           | Drizzle. | 5       | 10    | 10      | N. W.   | N. W. | N. W.   |
| 27 30      | 30.3  | 29.8    | 66           | .3       | 5       | 5     | 10      | S. E.   | S. E. | S. E.   |
| 28 29.7    | 29.7  | 29.6    | 64           |          | 10      | 10    | 10      | S. E.   | S. E. | S. E.   |
| 29 30      | 30.3  | 29.8    | 55           |          | 5       | 0     | 5       | N. W.   | N. W. | N. W.   |
| 30 30      | 29.8  | 29.8    | 56           |          | 0       | 0     | 5       | S. W.   | S. W. | S. W.   |

# ATLANTA MEDICAL COLLEGE.

---

The next regular Course of Lectures in this Institution, will commence on the first Monday in May next, and continue until the last of the following August.

The Faculty, in making this Annual Announcement, are gratified in being able to state that the College building has undergone thorough repairs, and has been re-supplied with appliances for instruction in the various departments of the College. They congratulate themselves in being able, through a munificence timely bestowed, to make the necessary expenditures, and to place the Institution in a condition to afford the facilities for teaching, heretofore offered to the public, previous to the war. In every particular, the building has been restored to its former condition.

The Amphitheatre, so important to demonstrations in Anatomy, Surgery, and Obstetrics, and which was torn up during the war, has been substantially re-fitted, with a decided improvement in the form of construction.

In the Chemical Lecture-room, raised seats, affording perfect view of experiments, and other fixtures connected with the Laboratory, have been replaced; also, in this department, such apparatus, chemicals, etc., as are necessary to facilitate the study of Chemistry, have been supplied. In short, the College is furnished in every department with Apparatus, and all other appliances required in the Institution, for thorough instruction in the various branches connected with the study of Medicine.

---

## FACULTY.

- A. MEANS, M. D., Professor of Medical and General Chemistry.  
D. C. O'KEEFE, M. D., Professor of Theory and Practice of Medicine.  
W. F. WESTMORELAND, M. D., Professor of Principles and Practice of Surgery.  
H. V. M. MILLER, M. D., Professor of Obstetrics and Diseases of Women and Children.  
EBEN HILLYER, M. D., Professor of the Institutes of Medicine.  
S. H. STOUT, Professor of Anatomy.  
J. F. ALEXANDER, M. D., Professor of Surgical and Pathological Anatomy.  
J. G. WESTMORELAND, M. D., Professor of Materia Medica and Therapeutics.  
W. S. ARMSTRONG, M. D., Demonstrator of Anatomy.  
N. D'ALVIGNY, M. D., Curator.
- 

## FEES.

|                                                                                                                                                                                                                    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| For the Course of Lectures, .....                                                                                                                                                                                  | \$100 |
| Matriculation, (taken once only) .....                                                                                                                                                                             | 0     |
| Dissecting Ticket, (required only once) .....                                                                                                                                                                      | 10    |
| Diploma Fee, .....                                                                                                                                                                                                 | 25    |
| Board and Lodging can be obtained at from \$5 to \$6 per week. Students on coming to the City, will be conducted to suitable boarding houses by calling on the Dean, at his Office, or the Janitor at the College. |       |
| For Further information, address                                                                                                                                                                                   |       |

J. G. WESTMORELAND, *Dean*.

Atlanta, Ga., January 15, 1867.

Vol. VIII.

JUNE, 1867.

No. 4.

ATLANTA  
Medical and Surgical  
JOURNAL.

NEW SERIES.

EDITED BY

**J. G. WESTMORELAND, M. D.,**

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

**W. F. WESTMORELAND, M. D.,**

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

**J. M. JOHNSON, M. D.**

**Pax et scientia, sed veritas sine timore.**

**PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE**

ATLANTA, GA. :

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.



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# ATLANTA Medical and Surgical Journal.

NEW SERIES.

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VOL. VIII.

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## ORIGINAL COMMUNICATIONS.

### ARTICLE I.

*Obligations of the public to the Medical Profession, Read before the Medical Association of the State of Georgia, at their last annual meeting, by R. C. WORD, M. D., of Atlanta, Ga. (Published by order of the Association.)*

It is proposed in this paper to submit a few thoughts in relation to the want of appreciation, by the people, of the peculiar difficulties which, to the medical profession, more than any other, have resulted from the late unfortunate war. The cause of medical science, not less than the interests of the practitioner, is jeopardized; and it would seem, therefore, a duty, both to the public and the profession, to speak out upon this subject.

In former times, the principles of medical ethics, by which we were governed, were, in some degree, understood and acquiesced in by the more intelligent in the community. These principles recognized certain reciprocal obligations between the members of the medical profession and the public, and both were expected to perform their part; now, however, the rule appears to be changed—the physician is expected to perform his obligations, while the people seem to regard themselves released from their's.

We think it may be said, without boasting, that the *true men* of the medical profession in Georgia, and indeed throughout the whole South, are endeavoring to discharge their duties to science, and to the public, and are moving onward; despite the adverse circumstances of the times, in the same noble and benevolent spirit which has ever characterized medical men as a class.

The existence of the *Medical Association of Georgia* is, of itself, evidence of a spirit of investigation and progress amongst the members of the profession in the State. Its labors are devoted to the cause of science and to the public good.

There are two medical journals in successful operation in Georgia, and several others in the South; and the work of collecting statistics and useful facts, from the records and experience of the war, is being diligently prosecuted.

On the other hand, what can we say of the conduct of the public towards the profession? Amid the turmoil and confusion of business pursuits, and the anxieties incident to the present disturbed state of the country, men seem to have lost sight of those great principles and rules of action which look to the general welfare. One of these rules, which should govern the conduct of every good citizen, is the furtherance of science, and the advocacy of truth.

The great progress of medical science in the last half century, and the discoveries resulting therefrom, have proven of incalculable benefit to mankind. Take the single article of chloroform, and reflect upon the relief it afforded to thousands of our suffering soldiers during the late horrible war, not to mention the suffering it has prevented in private practice, and who can place an estimate on its value? In the treatment of disease, in surgery, in chemistry, in public Hygiene, and, in fact, in every department of medical science, the public is reaping the benefits of a rapid and unprecedented advancement.

Is it the desire of the people that this work of progress and improvement shall continue? If so, they should not neglect the *true men* of the profession. The sober, the educated, and the conscientious members of the profession should be sustained; for to them the country looks for the promotion of medical science, and they are the true conservators of the public health. Upon them alone can the people safely depend in cases of emergency; and their presence furnishes a safeguard and protection to life and to health which should not be lightly esteemed.

How often does it happen, especially in this day of accidents by steam and machinery, that cases occur in which the highest skill and science alone can avail to save life,—cases wherein impudence, and humbugger yean not cloak the ignorance and inefficiency of the imposter,—and wherein the life of the sufferer absolutely depends upon the prompt attendance of the skillful and educated physician!

The presence of the intelligent medical man in a community is then a matter of serious importance; for critical cases, of the kind alluded to, may happen at any moment, and, indeed, are far more frequent than is supposed; for they are not always palpable to the non-professional observer, even in surgical cases, much less in ordinary diseases. It is in the latter class of cases that the quack so well succeeds in gulling the people who, while acknowledging the necessity of calling upon the men of science in these rare and critical cases, nevertheless too often bestow upon the quack the more lucrative, because the more frequent, emoluments of the daily practice. Such a course on the part of the people is both wrong in principle and suicidal in policy; and it is well that the public be advised of the fact, that it is driving from the profession those who are morally and intellectually best qualified to practice its humane and responsible duties.

But patronage to quackery, even in legitimate medicine, is not the only evil of which we now complain: there is yet another which is forcing many worthy men from the prac-

tice of medicine into other channels;—it is that *medical bills are not paid*; and that medical men are not allowed, by public sentiment, to present their bills for collection, and require prompt payment thereof, as is done in other departments. Custom has invested the medical profession with a dignity which places it in a different position from other avocations in the matter of collecting debts. If the physician duns his patrons he lowers himself in their estimation, and not unfrequently gives offense. Why is this, and why is it considered a lowering of professional dignity for the physician to demand his pay? The cash system now holds in every other department. How is the physician to meet the cash demands that are daily made upon him, when he is required to credit indefinitely any and every-body?

When the medical man applies for credit at the store, or the provision market, he finds that deference to professional dignity does not avail to relieve him from the demand of the cash system; and the merchant plainly tells him,—“Sir, my rule is cash: we let no goods go without the money.” This, it will be said, is right. Grant it. But reverse the case, and let this identical merchant send for the physician, who replies to him,—“Sir, my rule is cash: I visit no case without the money.” Would not the merchant be highly offended—and would he not ever afterwards regard this physician as an exacting and unfeeling man, and unworthy of patronage?

It is a fact well known, and one to which the public mind should be directed, that hundreds of the best men in the profession are being literally starved out by this unjust and ungrateful discrimination. We say ungrateful, because the conscientious medical man has claims upon the community far beyond the amount due by the few who are willing or able to compensate him for his services. He is a public benefactor in the highest sense of the word. The people are strangely insensible of the fact, that the physician does an amount of gratuitous labor far surpassing that of all other

callings combined; and as the burden of caring for the poor should rest equally upon all classes, the undue proportion which the physician sustains should be placed to his credit as against the community. The argument that these charities are incident to the profession he has chosen, and must therefore be borne, is too illiberal and unjust to merit a reply. Yet it is evident, that such is the light in which their services are viewed, and that little or no merit is attached to their performance. To such an extent, indeed, has this feeling grown upon the people's mind, that the physician seems to be regarded as a mere philanthropist, whose duty and pleasure it is to act for the public, and who requires, and is entitled to no compensation.

In Germany, and in other European Countries, the Government provides for the medical treatment of the poor; but here, the Legislature not only refuses to compensate the practitioner, but heightens the infliction by imposing upon him a heavy specific tax.

In 1860, the Medical Association of Georgia, in a memorial to the Legislature, in reference to the injustice of the specific professional tax, thus alludes to the gratuitous services of the physician :

"At all seasons, and in all kinds of weather, in the dark hours of night, when others are asleep, the medical man passes from one scene of distress to another, bestowing his labor, impairing his health, and dispensing drugs to the indigent sick."

To this course he is impelled by two powerful forces; the first and greatest, is the demand of humanity, which, to a conscientious man, leaves often no alternative by which to escape the call. The second, is the force of public sentiment, which will not tolerate in the physician that freedom of action, which it allows to others. The merchant may refuse credit to whom he chooses; the druggist may decline to sell to an insolvent customer, and it is well; but the physician who exercises this liberty, brings upon himself the severest

censure, and consequent injury to his character and business.

To the many cases of casualty and death which occur in this fast age, a large proportion of which is amongst the poorer classes, the physician stands a ready servant, subject to every beck and call, and is expected and required to have in readiness all the appliances and material, at whatever cost, adapted to every emergency. By his promptness, skill, and benevolent agency, he relieves large numbers, and oftentimes rescues them from impending death. When under analogous circumstances, a party is snatched from a burning dwelling, or a watery grave, the individual who performs the deed, is esteemed a hero. When a mariner rushes to the rescue of a distressed crew, he gains for himself laurels of praise, and medals of honor. Not so, the physician. He is regarded as having performed a mere commonplace duty, and scarcely meets with a passing commendation; and such is the tyranny of custom and law, that if he refuses to respond to every call, he encounters the indignant frown of the community, and failing, from want of facilities or other cause, to adopt the most scientific treatment, he becomes liable to prosecution and heavy damages.

When the Cholera, or other destructive malady rages as an epidemic in a community, the physician remains at his post, facing danger and death for the public. In medico-legal investigations, at coroners' inquests, and in post mortem inspections, the services of the physician are required, and yet the State has made no adequate provision for his compensation.

If in the days of peace and prosperity, these burdens bore unequally and hard upon the medical man, what are they now, when the proportion of poor to be treated has increased ten fold, when the proceeds of the negro practice have been cut off, and when specific taxes by the State, the county, and the Federal authorities, are extorted from the practitioner?

Medical men, as a class, are proverbially benevolent and

kind, and have ever borne with patience the heavy responsibilities of the practice and the exactions of the public; but the time has arrived, when, in consequence of their own destitution, and the impoverished condition of the masses, they feel constrained to protest against the vast inequality of the burdens they are called upon to bear.

Other facts could be adduced in proof of the positions assumed, and to show that the physician is a public benefactor, and is entitled to the gratitude and support, instead of the censure and neglect of the public. But we conclude by recapitulating the points we have endeavored to establish.

1st—There are reciprocal obligations between the public and the members of the medical profession.

2d—Medical men are nobly discharging their duties; but the people are unmindful of their obligations which require them, both as a matter of principle and of policy, to support the true men of the profession.

3d—Medical men are not paid: they are forced to adopt the old credit system, which is but little better than starvation, as the result of which, many good men are leaving the profession.

4th—Medical men are benefactors to the public, for which neither the Legislature nor the masses of the people have any just appreciation.

---

## ARTICLE II.

*On the use of Large Doses of Calomel in Diarrhœa and Dysentery.* By A. D. COSBY, M. D., of Calhoun, Ky.

I have practiced for many years upon the supposition that the effects of a large dose of calomel are very different from those resulting from a small one, or from a small one frequently repeated, until the quantity given is equivalent to that of a large one. While I do not claim the honor of



originating the idea here suggested, I often meet with practitioners who are ignorant of the fact, or are not disposed to acknowledge its importance. I hope I will not be trespassing upon the indulgence of the readers of the Journal, by pressing its claims upon their consideration, with such facts as I have observed, and such arguments as I may be able to adduce. By a large dose of calomel, I mean *twenty*, and by a small dose, *five* grains.

Calomel is seldom given as a purgative, for the reason that it is slow and uncertain in its actions, and hence, much more unreliable than many other articles belonging to the class of cathartics. But when the secretions of the biliary organs are out of order, it is given for their rectification, either alone, or in-combination with some purgative, for the purpose of increasing its activity. Connected with disorders of these organs, there is generally an irritable condition of the stomach and alimentary tube, when I have always found that a scruple dose is much more effectual in moderating inordinate activity of the stomach and intestinal canal, in arresting the copious serous secretions of the bowels usually present under such circumstances, and in arousing the liver into action, which is apt to be at fault, than any smaller quantity. While five or ten grains of calomel will usually increase the peristaltic action of the bowels, and cause the evacuations by irritating the stomach and bowels, and thus cause the mucous and serous secretions to be frequent, liquid, and exhausting, ~~twenty grains~~ will commonly bring down two or three consistent and bilious stools. Calomel, either alone or in combination, is mostly depended on to treat cases of irritable bowels, in which watery evacuations are passed, and hence it is important to know what quantity is calculated to do most good.

I have long since made up my mind on this point, and constantly keep in view the marked difference in the effects that result from large and small doses of calomel. I am perfectly satisfied that the efficacy of this remedy mainly depends, in bowel diseases, upon the fullness of the dose given,

and hence, am prepared to account for the very contradictory effects it has produced in the hands of those who gave it only in small doses. That they should have but little confidence in it, is in no way strange to me, for they give it, as I humbly think, in quantities that are calculated to do more harm than good.

I deem it entirely unnecessary to enter into any theoretical explanation of the cause of the difference under consideration. Is it an incontestable therapeutical fact of importance? If so, then it will answer the purposes of the Journal, which are, as I understand, to promote practical, and discourage hypothetical medicine.

I could adduce from personal experience, hundreds of facts in conformation of the correctness of my position; but to do so, would be merely to lengthen my article without increasing its value. I will, however, introduce a few illustrative examples from the multitude that I have encountered along the pathway of a medical experience of twenty-five years, principally in order to contrast the results of small and large doses, as they have been displayed in the same cases.

In 1852, I was called to see a boy six years of age, who was laboring under an attack of diarrhoea of ten days duration. His discharges were watery and exhausting, and connected with an irritable condition of the stomach. The physician who was in charge of the case had treated it with one grain doses of calomel, in combination with Dover's powder, repeated at regular intervals. The patient had grown weaker and more emaciated from day to day, without the slightest apparent improvement in either the frequency, quantity, or nature of his evacuations. I prescribed one ten grain dose of calomel, against the protest of the attending physician.

On my return, twenty-four hours after my first visit, I learned that the patient had had but one action from the bowels during my absence, which occurred in half hour after

the calomel was given. A small dose of castor oil completed the cure. Upon what principles can the beneficial effects of the ten grain dose of calomel be explained, unless it be upon the hypothesis that a large dose of calomel acts as a sedative on the capillary vessels of the mucous coating of the stomach and intestines, while a small one irritates it!

In 1857, Mr. E—— was attacked violently with dysentery. His physician treated his case with broken doses of calomel, in connection with various astringents, for twelve days. Instead of improving, he daily grew worse and worse. The tormina and tenesmus were intensely severe. The mucous and bloody discharges were frequent and copious. His family became alarmed about his condition, and in their despair sent for me. Prescribed the following:

R—Calomel, 15 grs.

Pulv. Opium, 1 gr.

Ipecac, 2 grs.—M.

Which was ordered to be given in syrup at bed time, and passed off the next morning with castor oil and turpentine.

The same prescription was repeated for four consecutive nights, at the expiration of which time the patient was cured.

In 1856, two of Mr. F's grown sons were taken with dysentery about the same time. I treated them with sulphate magnesia and small doses sulphate morphine, for eight days.

By this treatment one of them was relieved; but the other evidently grew worse, to whom I then gave calomel, grs. xx, opium, gr. 1, ipecac, grs. 11, which was repeated for two consecutive nights. The patient convalesced rapidly, and further treatment was not called for.

I will give one more illustration on a large scale, founded on my observations during the war. I was ordered on duty, with the 17th Kentucky Regiment, one month before the battle of Shilo, at which place I met with the Regiment.

Upon inquiry, I found seventy of the men disabled from duty, chiefly from camp diarrhoea. Beside, I learned that

a large number had died, been discharged from the service, and sent to general hospitals. The treatment had been small doses of calomel, blue mass, opium, and other astringents. I changed the prescription, and gave scruple doses of calomel to all the fresh cases as they occurred, which relieved them in a few days, and thus prevented them from running into the chronic form.

The chronic cases on hand, when I joined the regiment, that did not recover during the spring, were cured by green corn in the summer, without any further medication. The green corn was scraped from the cob and boiled done in water, a piece of fat pork being thrown in to season it. Thus the regiment was delivered from that terrible army scourge.

In the fall of the same year, I took charge, as Surgeon, of the 35th Regiment of Kentucky Mounted Infantry—a new Regiment just brought into the service. I treated all the cases of camp diarrhœa as they occurred, with large doses of calomel. I served with the regiment six months, and can now truthfully say that not a man died, not one was discharged from service, or sent to general hospital on account of diarrhœa, during that time, as my monthly reports will show.

After I left the regiment, my assistant surgeon continued the same treatment; and as it was connected with General Hobson's command, on whose staff I was serving, I had the opportunity to know that the prescription succeeded until the regiment was mustered out, just prior to the close of the war.

I do not always administer calomel for the relief of dysentery and diarrhœa. A large majority of the cases in this locality will yield to a milder and more popular plan of treatment. But when this plan does fail, and I deem it necessary to give calomel, I give it in large doses, especially in all fresh and acute cases.

But I will further support the correctness of my position

by the authority of others, who have enjoyed the most favorable opportunities of arriving at truthful results.

Dr. Armesly, who practiced many years in India, says that "calomel combines with, and renders fluid, and detaches the viscid mucous secretions attached to the alimentary canal; it diminishes the vascular state of the stomach when it is in excess, and increases the capillary circulation in the mucous coat of the large intestines.

Hence, it is useful in large doses in increased vascular action of the intestinal canal indicated by the state of the tongue and irritability of the stomach, such as occurs in fever, hepatitis, dysentery and peritoneal inflammation after full bleeding." He further remarks in another place: "It is generally believed, and probably may be true, that many constitutions in India are ruined by the use of calomel; but I am disposed to consider this to be the consequence of continuing it in small quantities long after the necessity for using it ceases to exist. Small doses of calomel, from two, three to four grains, will purge and keep up a considerable degree of irritation in the stomach and bowels, when twenty grains will not; but on the contrary, will allay the irritation of both when it results from the inflammation of their mucous surfaces."

Dr. Johnson says on the same subject: "I shall prove in the course of this essay, what indeed is well known to many of my brother officers who have served in India, that twenty grains of calomel will act as a sedative, and so far from gripping and producing hypocatharsis, will soothe uneasiness, and rather constipate than purge."

By Dr. Merrill, of Machez, it is said: "Calomel, when given alone, I have always found to produce the best effect in scruple doses. A smaller quantity than this operates more frequently, producing greater irritation of the stomach and bowels, and causing frequent watery dejections, which rapidly debilitate the patient."

Again he says: "The medium dose of twenty grains rarely fails to quiet the irritability of the stomach and bowels and carry off large quantities of feculent bilious matter without griping, tenesmus, prostration, or any other untoward symptom."

Dr. Cartwright, in his essay on syphilis, remarks that "those who have not used calomel extensively, would be apt to suppose *a priori* that large doses would produce hypocatharsis, and debilitate the patient; but experience can best refute such suppositions, for it shows us that large doses of calomel operate much more mildly than small ones."

Dr. Armstrong says: "Small doses of calomel, from two to four and six grains, will purge and keep up a considerable degree of irritation in the stomach and bowels, when twenty grains will not, but on the contrary, will allay the irritation of both, when it results from inflammation of their mucous surfaces."

Dr. Thompson, in his work on *Materia Medica and Therapeutics*, informs us, that "it often happens that small doses of calomel cannot be retained on the stomach when this viscous is in an irritable state, although it retains large doses, which act as a sedative."

Now it does seem to me, that the concurrent testimony of so many respectable physicians, who have formed their opinions from actual observations, ought to satisfy all that the effects of a large dose of calomel are very different from those of a small one; and that while the former allays the irritation of the bowels, the latter rather augments it than otherwise.

## ARTICLE III.

*Lithotomy.* By D. W. HAMMOND, M. D., Macon, Ga.

W. T. Nelson, aged forty-one, a merchant of this city, has had vesical trouble for three years.

For the last six months his sufferings have been unremittingly severe, finding no relief except when under large doses of opium or morphine. He was sounded sometime during last year, by Dr. Mettaeur, and a calculus was detected: shortly after which, he placed himself under my care. I gave him the usual palliatives in such cases, urging him all the while to submit to the operation, it being, "*ultimum et unicum remedium*," for his alleviation. On the 4th April, 1867, he came to my office, and informed me that he had come to the determination to have the calculus extracted, as he could not endure the pain any longer. I directed him to go home and take a dose of ol. ricini, and that I would operate next morning, at 10 o'clock. When the time arrived, the following physicians, viz., Boon, Mettaeur, Castlin, Holt, Smith, Mason, Blackshear, and Branham, kindly gave me their council and assistance. Having secured him in the usual position, my friend Dr. Castlin administered chloroform; when fully anæsthetised, my friend Dr. Mettauer, by request, introduced a No. 10 grooved director into the bladder. The existence of the calculus being unmistakable, I at once made the perinæal section, and with a  $\frac{3}{4}$  inch gorget, as modified by Dr. Physic, the prostate gland and neck of the bladder were divided. The calculus could be distinctly felt lying in the bas-fond of the viscus. Finding it to be small, its removal was attempted by the introduction of the scoop: this failing to extract it, several different shaped forceps were used, and finally it was grasped, and in bringing it through the neck of the bladder, it broke, and fell in several pieces. The operation now became tedious and some-

what embarrassing, being compelled to make repeated attempts to remove the remaining fragments. But by perseverance with divers instruments, and injecting water into the bladder, it was finally completely rid of the detritus. As advised by Liston, a No. 10 bougie was inserted, and pledgets of lint packed around it, as there was some hæmorrhage still oozing from the wound. The external pubic artery was large, and when cut, the blood sprang out with considerable force, which, however, ceased to bleed before the completion of the operation. The patient was now removed from the table and placed in bed, and 3i. tr. opii administered; pulse 100, and rather feeble; gave him a drink of whisky and water. At 7 P. M., restless, and had a constant desire to void urine, which was passing partly through the bougie, and partly per urethram. Supposing that this uncontrollable desire to discharge urine was the result of the presence of the bougie and the packing around it, I withdrew them, as the hæmorrhage had entirely subsided. Ordered an anodyne draught, and left him for the night.

6th—Saw him at 9 A. M.; found him comparatively comfortable; pulse 105; urine passing almost entirely through the penis; directed flax seed tea as a constant drink. 6 P. M., still in great pain from constant desire to empty the bladder; urine bloody, and passing through the urethra. The wound was agglutinated and glazed over, and had every appearance of uniting by the first intention. Fearing this, I made a slight effort to pull it open; but the adhesion was so firm, and gave him so much pain, I desisted. I will here mention, that many years ago I operated upon a small lad for stone, and the wound healed by the first intention, and twelve or fourteen days afterwards a perinæal abscess formed, which broke in a few days, the result of which, was a troublesome fistulous opening, requiring over two months to heal.

7th.—Had a comfortable night, and feeling tranquil this morning; no fever; pulse 90; and to my gratification the urine had resumed its route through the perenæum. Ordered



a dose of ol. ricini, which operated through the day. 9 P. M., advised one gr. sulpt. morphine by enema.

8th.—Rested badly through the night, otherwise doing well; appetite returning; urine passing both ways.

9th.—Spent a comfortable day; pulse 85; more cheerful; urine discharged mostly through the urethra; wound closing rapidly; directed an enema of morphine to be administered at night.

10th.—Doing well; pulse 78; but little pain in voiding urine.

From the 11th to the 14th, continued to improve.

The wound closed, and the urine discharged without any obstruction or pain *per vias naturales*. By the 18th, (13 days after the operation) he was in his store-room attending to business, and on the 20th, went with some friends to the lakes below the city fishing. Calculous about the size of a large almond; weight, 96 grs.

## SELECTIONS.

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*Lime Inhalations in Pseudo-Membranous Croup.* By BENJAMIN B. WILSON, Late Surgeon and Lieut. Colonel, U. S. V. of Philadelphia.

I have recently attended a case of pseudo-membranous croup, in which I prescribed lime water inhalations, and in which the curative effects of this remedy were most marked and decided.

When first called to my patient, a child about two years of age, the disease had existed for more than forty-eight hours; though up to this time, little alarm had been excited in the minds of the parents from the apparent slow progress and insignificant character of the affection. During most of the time, the child had kept upon her feet about the house during the day; and some fever, with difficulty of breathing and an occasional cough were the most prominent symptoms aggravated, of course, during the night, but without any distressing complications. A more decided exacerbation, however, had preceded my being sent for, and I found her with all the symptoms of the disease fairly and strongly developed. There was a high febrile action with very considerable dyspnoea; the voice was almost extinct, a hoarse dry whisper being the only result of any effort to articulate, and there was present the occasional (though not very frequent) loud, barking, ringing cough, characteristic of the disease.

Believing that the time for obtaining any remedial effect from venesection had passed, the child was immediately placed in a hot mustard bath for twenty minutes, and after being freely and repeatedly vomited and subjected to the action of counter-irritants in the shape of strong turpentine stupes to the neck and breast, the following prescription was ordered to be administered every two hours: of calomel  $\frac{1}{4}$  gr., turpeth mineral,  $\frac{1}{4}$  gr., ipecacuanha  $\frac{1}{4}$  gr., sal ammoniac, one grain. This prescription was given during the entire day and evening, with the effect of keeping up constant nausea and occasional emesis, and a moderate purgation du-

ring the latter part of the evening, without however, producing any abatement of the threatening symptoms, which were, in fact, becoming every hour graver in their character, so that the case now assumed a threatening aspect.

In the evening, after a second warm mustard bath, the lime water inhalations were commenced, the other treatment being continued as before. A vapor bath was extemporized by throwing a large blanket over the child's head and shoulders as well as the sofa upon which it reclined and including also within its circumference a pitcher in which a small lump of quick lime was being rapidly slaked by means of boiling water. In this way the air surrounding the child's body, as well as that respired, was highly charged with the vapor of lime water. This process was repeated every hour, and sometimes every half hour, when the breathing seemed more than usually hurried and difficult. The immediate effect of this vapor bath upon the patient seemed to be soothing, the most urgent dyspnoea being relieved, and the little sufferer almost always becoming quieter and falling into a light sleep under its use. The constant repetition of the inhalations, seemed to check the steady progress of the symptoms from bad to worse, and to mitigate in a very considerable degree the most distressing and dangerous one, that of impeded respiration. This treatment, substantially, was kept up during the whole night, the day following, and the succeeding night; there being, it was thought, a constant though gradual, and slow improvement during that time. On the next morning, forty-eight hours after I took charge of the case, and ninety-six from the inception of the disease, the symptoms gave way; the cough suddenly becoming loose and catarrhal in its character, and the breathing free and uninterrupted; the case entering at once upon convalescence. The recovery, under the use of expectorants, was prompt and rapid, and with but a slight trace of the usual bronchial inflammation, which almost invariably is a disorder consequent upon severe cases of croup. The happy result in this case, under circumstances evidently so desperate, could be attributed only to the means employed in addition to the ordinary treatment; for one has only to be familiar with the disease, to know how powerless is the most approved treatment ordinarily, when directed against it.

I have previously used lime water inhalations in four cases of croup, in which the pseudo-membranous element was sup-

posed to exist to a greater or less degree. They all recovered, and in each of them the remedy was considered to have been not without a beneficial effect, though to what extent was not and could not be determined. Two of these cases were also prescribed for by practitioners among the most eminent in Philadelphia, and were considered by them very serious, not to say hopeless cases. Treatment recognized as most efficient and proper for such cases was unintermittedly kept up, and how much credit, if any, of the cure could be fairly claimed by the inhalations, at the present at least admits of discussion. Sufficient apparent benefit was observed, however, at every trial, to warrant a further perseverance in its use.

The remedy may be administered by slaking lime in an ordinary inhaler, with a flexible tube and mouth-piece attached, or by a temporary vapor bath in the manner above described. The latter I prefer for several reasons, which become apparent in practice. The vapor as usually given off is at too high a temperature to be respired, unless diluted with a certain amount of atmospheric air at a lower temperature; and besides, the little sufferer, parched with fever and gasping for breath, is too much worried and frightened, even if naturally manageable, to be induced to breathe systematically and carefully through the mouth-piece of an inhaler. The vapor bath avoids all this, and can conveniently be applied during the intervals of temporary repose or sleep, and has the additional advantage of producing a profuse perspiration, which is of itself grateful and relaxing in no inconsiderable degree.

I refrain from theorizing upon the therapeutic action of this remedy, and from guessing how or why it produces its curative effects. A tolerably moist atmosphere is confessedly the proper one for every case of croup, and doubtless the vapor of water alone in a certain proportion in the inspired air, increases the moisture of the respiratory mucous membranes and promotes secretion therefrom. Whether the hydrated lime with which the vapor is highly charged, has a specific action in dissolving, softening or loosening false membrane, or in promoting secretions from the mucous membrane of the larynx or trachea, is yet to be determined.

I, however, respectfully and earnestly call the attention of the profession to this remedy for the following reasons:

That pseudo-membranous croup is a very grave disorder,

but little amenable to any treatment hitherto used when fully established; and even when seen and treated at the outset, often setting at defiance the most approved plans of practice which have been recommended up to the present time.

That it can be used in addition to and without interfering with any general treatment which may be judged appropriate in any particular case, and it may, under doubtful circumstances turn the scale in favor of life and recovery.

That it does not seem injurious in any respect; so far as used, no unpleasant result seems to have followed it, either immediately or remotely.

It is apparently soothing and most comforting to the patient, relieving the distressing symptoms, giving ease and rest, and disposing the little sufferer to sleep.

I have not thought it worth while to try it in catarrhal or purely spasmodic forms of the disease. These varieties as a rule yield promptly to appropriate active treatment. In no disease probably is the effects of medication more obviously apparent than in spasmodic croup; where, upon the exhibition of an emetic, the patient passes at once from a state of great seeming danger to one of almost entire relief, comfort, and safety; presenting in this respect the most marked contrast to the pseudo-membranous form of the disease.—*Med. and Surg. Reporter.*

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*Tracheotomy in Croup.* By HENRY MOON, M. D., M. R. C. P. L., Physician to the Sussex County Hospital.

Croup (trachealia, tracheitis, or cynanche trachealis) is a disease of early life, and of sufficient frequency and severity to render it a subject of anxious interest and study to all practising members of the profession. I do not think that we have any statistics of the history and duration of croup when left to the *vis medicatrix naturæ* alone—a wonderful power though it be, and one with which both physicians and surgeons must feel themselves to be but humble co-operators; the power which cures a fever or an inflamed

long as surely as it mends a broken bone or heals a wound. From our present knowledge of the subject, however, most persons who have seen much of croup agree in this, that unless the disease be early recognised and promptly treated, a large proportion of children suffering from it die, under every known system of therapeutics. It is no less true that croup, of all other grave diseases, is often the slowest to be recognised, the early symptoms being regarded by those who have the charge of children as a "feverish cold," and the real importance of the hoarseness, reedy breathing, and the occasional ringing cough, is altogether overlooked for some considerable time.

Is there no method of lessening the mortality in croup? I have long believed that, next in value to an early appreciation and the prompt use of fitting remedies at the onset, *tracheotomy skilfully performed*, and at the *right time*, is a means calculated to save many lives. The right time cannot certainly be determined by days or hours, for the disease sometimes runs a very rapid course, though usually its duration ranges from four to ten days; neither should it be left as a *last resource*, when death from asphyxia appears imminent, and the patient is exhausted from long and fruitless struggles to aerate the lungs, the latter becoming highly congested, inflamed, or oedematous. The *ante-mortem* deposits of fibrine, too, sometimes found after death in the right auricle and ventricle of the heart, judging from the analogy of other instances of fibrinous clots in the cavities of that organ, may mean nothing more than that the patient died a lingering death, with his blood poisoned and his circulation and respiration impeded. In the worst and most unpromising conditions of the disease, however, if tracheotomy fail to save life (and nothing else is so likely even then to succeed,) it will afford great temporary relief; and death from the *any sinking of asthenia* bears no comparison in point of suffering with that which results from gradual suffocation.

Whenever, therefore, some signs of amelioration do not follow the steady use of the remedies employed for croup, the powers of the patient becoming less strong, and the predominant symptoms are those of *asphyxia*, whether it be on the second, third, fourth, or sixth day of the disease, *this is the proper period for the operation of tracheotomy.*

I will now venture to copy from my notes the following case:—On the 27th of July last, E. F——, aged six years, a

fine, florid, well-nourished boy, lay on wet grass. In the evening he complained of hoarseness, wheezing, and cough. On the 28th, 29th, and 30th the symptoms did not abate, always increasing in severity at night. On the 31st the cough became more harsh, crowing, and ringing in character. The little fellow was feverish, thirsty, and lost his appetite for food.

Aug. 1st.—E. F.— was brought home from the country to Brighton in the evening; and when I saw him soon afterwards, his skin was dry and hot; his pulse hard and quick: he was feverish and thirsty; the act of inspiration prolonged, accompanied with a reedy piping noise, and an occasional brassy cough, the physical signs of pneumonia or bronchitis being absent; the chest resonant. Severe paroxysms of difficulty of breathing had occurred during his journey. He was covered with a flannel gown, placed in bed in a warm room, the atmosphere of which was rendered moist by a free generation of steam; full emetic doses of antimony and ipecacuanha wines were administered, succeeded by a purgative of calomel and jalap; hot fomentations and poultices to the neck and throat; a milk diet; and twenty minims of antimony wine, with ten minims of the tincture of henbane, every hour.

2d.—He slept soundly at intervals during the night. His skin is less hot and dry; his pulse sharp, but not hard, and less quick; free purging from the bowels; and he is altogether better and more comfortable; yet his breathing is reedy, and, exertion or excitement, the constriction in breathing is increased, and the cough croupal and ringing.

3d.—He passed a restless and sleepless night; the breathing reedy and more laborious; all the muscles of inspiration are brought into action; his chest heaves violently, and the cough is croupal, loud, and ringing; his skin hotter and less moist, and the pulse sharp and quick. Iodide of potassium and senega substituted for antimony wine and henbane.—Afternoon: The boy's powers are not so good; the veins of his neck injected; his face flushed, swollen, and congested; the eyeballs prominent; the lips livid and blue; the chest not quite so resonant, and the breath sounds at the base of each lung rather coarse. He is drowsy and heavy, and the tendency to death from asphyxia the prominent symptom, which no mere drug agent can prevent; but the admission of air into the lungs, before the powers are farther exhausted, is what nature claims, and it is likewise the suggestion of

experience and common sense. At half-past five P. M. tracheotomy was most ably performed (under chloroform) by my friend Mr. Nathaniel Blakers, the house-surgeon of the Sussex County Hospital, to whom I am much indebted for his very valuable assistance during the after-treatment. Chloroform did not increase the difficulty of breathing; on the contrary, it allayed spasm in the muscles of the larynx. The first insertion of the canula gave rise to some spasm and distress, but after a short time the breathing was tranquil and the boy much relieved. He takes freely of milk in small quantities.

4th.—He sleeps soundly, and breathes freely and quietly through the tube; he has frequent fits of coughing, and much mucus escapes by the canula. In the afternoon his powers flagged a little, he was restless, and the pulse quickened and was jerking. In addition to the free supply of milk, an ounce of beef-juice, and egg, and fifteen minims of iadanum was thrown into the rectum, to be repeated night and morning; the inner canula to be changed twice a day and cleansed.

5th.—Improved in every way. He slept well. Large pieces of a membranous substance were expelled through the tube by coughing in the night.

6th.—He is cooler, moister, and doing well, and free from signs of pneumonia or bronchitis.

7th.—The boy sleeps soundly, takes his milk eagerly, and amuses himself with his toys.

8th.—The canula removed entirely from the wound in the trachea.

9th.—He breathes well through the nostrils and mouth; he eats light pudding, eggs, bread and milk, fish.

12th.—The wound in the trachea and integuments nearly healed; his voice almost natural.

Sept. 10th.—The cicatrix in the neck is small; the child takes daily exercise out of doors, and is in every respect well in health.

Whether in this instance the obstruction to the passage of air into the lungs were caused by inflammation and the formation of false membrane in the trachea, and spasm of the laryngeal muscles, or to inflammation of the mucous membrane of the larynx, glottis, and trachea, is of comparatively little moment. The condition threatening life was asphyxia, and tracheotomy was the only remaining remedy.—*London Lancet.*



*On the Preparation of Deodorized Tincture of Opium.* By,  
ALBERT E. EBERT.

Among the many new preparations incorporated in our present codex, and exemplifying the progress of pharmaceutical science, none, perhaps, was greeted with more satisfaction by physician and apothecary than the deodorized tincture of opium. Combining, in a liquid form, all of the narcotic properties of the drug, without the noxious, odorous and resinous principles, it is capable of producing the soporific effects of opium without subsequent prostration of the nervous system.

Notwithstanding the acknowledged advantages of the deodorized tincture, it has not been so generally used as was expected, and this fact may be partially explained, at least, by considerations of cost. Its expensiveness is due, in great measure, to the waste of ether employed in the process of the deodorization, for, though the separated portion of this liquid may be rendered available for subsequent use by distillation, this method of purification is not practicable with the majority of the pharmaciens, and without especial precaution it is attended with a risk greater than the value of the ether. These facts discourage the apothecary, and tend to place the preparation of the tincture solely in the hands of the wholesale manufacturer. With the view of regaining this ether without resort to distillation I made numerous experiments, and finally discovered a method by which the object may be accomplished at a trifling cost, and with little trouble. Upon the addition of a caustic alkali to the ethereal solution the odorous, resinous, and coloring matters are nearly all withdrawn, and the ether is fitted for future use as a deodorizer. The process is as follows: Take of common caustic potassa one troyounce; place it in one pint of the ethereal solution, and agitate occasionally for twenty-four hours. Decant the ether, mix with four fluidounces of distilled water, allow it to separate; again remove the ether and keep it for further use.

While engaged in the foregoing manipulations, I conceived the idea of substituting for the ether the light product, obtained in the rectification of petroleum, known as "benzine." A trial of this solvent convinced me of its applicability, and after a series of carefully conducted experiments, I became

convinced of its decided superiority. The results of my investigation, with the attending advantages, may be stated as follows:—The odorous and resinous matters in the aqueous solution of opium are more completely removed by benzine, while the morphia is not dissolved to a greater extent than by the use of ether.

Benzine does not extract codeia or narcotina; ether removes the former partially, and the latter altogether, from the solution. A practical advantage in the use of benzine is the facility with which it may be separated from the deodorized solution. It is only necessary to pour the mixture on a moistened paper filter, when the watery extract will rapidly pass, admixed with but a trace of benzine, which may be expelled by a comparatively slight application of heat. Economically considered, (its cost being but 1-25 that of ether) the advantage of using benzine is important, as its use may exert an influence on the general employment of deodorized tincture of opium. The following formula, involving the use of benzine, is nearly in the language of the Pharmacopœia.

*Deodorized Tincture of Opium.*

Take of opium, dried, in moderately fine powder,  $2\frac{1}{2}$  troy ounces; Benzine, sp. gr. 700 to 730, (or of such purity that, when dropped on white paper, and allowed to evaporate spontaneously, leave no stain;) Alcohol, each half pint; water a sufficient quantity. Macerate the opium with half a pint of water for twenty-four hours, and express; then repeat the operation twice with the same quantity of water; mix the expressed liquids, and, having evaporated the mixture to four fluidounces, shake it, when cold, in a bottle, repeatedly, with the benzine; allow it to stand for about eight hours, and separate; then pour the mixture on a paper filter, previously moistened with water. When all the watery solution has passed, decant the benzine, and wash the filter with a small quantity of water, so as to avoid loss; evaporate the liquid by a gentle heat, until all traces of benzine have disappeared; mix this with twenty fluidounces of water, allow the mixture to stand a few hours, and filter through paper; when the liquid has ceased to pass, add sufficient water through the filter to make the filtered liquid measure a pint and a half; lastly, add the alcohol, and mix them together.

It has long been admitted that aqueous solutions of opium act more favorably on the system than those prepared with alcohol, or than the drug itself. It has also been observed that the narcotic power of the aqueous preparations is not in exact proportion to the drug represented, being somewhat less. How far this diminished sedative effect, and the increased pleasantness of action, is due to the absence of the usual quantity of narcotina, (which is but imperfectly abstracted from opium water) or to the removal of the odorous, resinous and fatty principles, has not, so far as I am aware, been satisfactorily determined.

Deodorized tincture of opium, as before intimated, when made with ether, can contain but little narcotina, and only a portion of the codeia of the drug.

A literal interpretation of the officinal name would indicate a faulty nomenclature; for, beside being deprived of odor, at least one important alkaloid is, to a considerable extent, absent from the tincture.

A deodorized preparation, more nearly representing the alkaloids of opium, and consequently, better deserving the officinal title, but which, for distinction, I will designate *Purified Tincture of Opium*, may be made as follows:—

The first step of the process being the preparation of *deodorized opium*, which might prove a substitute for the expensive article known as “denarcotized opium.”

### *Deodorized Opium.*

Take of opium, in moderately fine powder,  $2\frac{1}{2}$  troyounces; Benzine, sp. gr. .700 to .730, a pint; macerate the opium with half a pint of benzine for twelve hours; separate the benzine by decantation, and repeat the operation again with the same quantity of benzine; then pour it on a paper filter, and when the liquid has ceased to pass, dry it by means of a gentle heat.

### *Purified Tincture of Opium.*

Take of deodorized opium, the product from  $2\frac{1}{2}$  troyounces of powdered opium; alcohol, water, each a pint; proceed as directed for preparing tincture of opium, U. S. P.

I suggest these new preparations with some hesitancy, and would not be understood as recommending untried substitutes for articles of ascertained value.

It is with the desire to further elucidate the therapeutics of this valuable drug that I advance these ideas, hoping, at some future time, to be able to add some experimental results to these theoretical speculations.—*American Journal of Pharmacy.*

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*On the Mode of Manufacturing Sugar-Coated Pills and Granules.* By HENRY C. ARCHIBALD. (An Inaugural Essay, presented to the Philadelphia College of Pharmacy.)

The manufacture of sugar-coated pills and granules having of late become a source of great profit and trade to the apothecary, the mode of manufacturing them being kept secret, and the views advanced by some of our leading pharmacuetists being wholly inadmissible in preparing them, I have, from long practical experience in their manufacture, determined to make it a subject for an essay. In order to make a pill that shall medicinally come up to the standard of the U. S. Pharmacopœia in therapeutic effects, the greatest care requisite in their manufacture is in the selection of the drugs that enter into their composition; for that purpose it is advisable, when you manufacture them largely, to buy the crude drugs, and from them prepare extracts, powders, &c., so as to insure the reliability of the pills, and to keep up for them the reputation they so richly deserve if properly prepared.

The first step in the process of manufacturing pills is essentially as follows: Sufficient mass is made up at one time to be capable of being divided into 2000 pills, great care being observed to have it of sufficient hardness and tenacity to insure the pills after formation against indentation by pressure and crumbling into irregular pieces; after which the mass is rolled between two boards, the upper with teeth inserted for cutting the mass, the bottom one having a guage attached to the sides so as to regulate the sides to suit the mass to be sub-divided previous to rolling them out into pills, and, further, to insure accuracy, each sub-divided piece

of mass is carefully weighed on well balanced scales, thereby preventing the possibility of any pill being larger than another. The pills are then cut by machinery suited to the size of the pill, and as they are formed roll into large shallow trays filled with some inert powder, which acts not only as an absorbent of the moisture in the pill, but prevents them, while drying, from becoming irregular and losing their shape. I would state that the trays vary in size and are capable of holding from 7 to 20,000 pills when spread evenly over the surface. When filled, the trays are removed and kept in a heated room, the temperature of which is regulated as nearly as possible to from 80 to 90° F.; when of sufficient hardness they are separated from the powder by sifting, and a coating of a solution of warm gelatine is placed over them, to prevent their adhering together. After the gelatine has thoroughly fixed itself upon the pills, they are thrown into a large circular copper pan, suspended over a fire by means of chains attached to the ceiling, and a thick syrup, made in the proportion of 2 lb av. of sugar to 3 xii. of water, is added successfully with constant attention until dry, and so on until the pills assume a neat and regular appearance. The time it takes to coat pills properly varies much according to their nature; those composed of resins which become soft by heat it takes a longer time, from the fact that you have to lower the temperature of the fire, and consequently a longer time is required to drive off the water in the syrup; but, from experience, I can safely say that the average time consumed to coat properly a batch of 7,000 pills is from 9 to 10 hours. As thus prepared the sugar crystallizes regularly upon the pill and presents to the eye not only a uniform but a smooth appearance; they are entirely soluble and will keep for an indefinite period without becoming hard, and consequently more or less insoluble in the gastric juices of the stomach. I present herewith some compound cathartic pills, together with granules of morphia made and coated by the above process, and have been on hand about four months.

Granules are made upon the same principle, by incorporating the alkaloids or salts with some inert powder and gum arabic for its adhesiveness, and are dried and coated in the same way. I could still further enlarge upon the above process, but my sole aim is to present in as brief a manner as possible only the chief points in their mode of manufacture.

—*American Journal of Pharmacy.*

*Congestive Fever.* By JAMES C. HARRIS, M. D., Wetumpka, Alabama.

Before proceeding more particularly with the consideration of congestive fever, I beg leave to make the following explanatory remarks. In a communication entitled, "An Enquiry into the Nature and Existence of Typhoid Fever in the South," contained in the *New Orleans Medical and Surgical Journal*, Vol. 6 May No., 1850, page 712,\* I used the following language: "Regardless, therefore of the objections that may be urged against the general application of the term *congestive* to the different varieties of malarial fever, those most familiar with the history of their symptoms will, we apprehend, readily admit that there is scarcely any grade, no matter how light, but that either at its commencement or some time during its progress, gives unmistakable signs of a greater or less determination of blood to some particular tissue or organ than another; that is broken balance of the circulation, continuing or recurring at regular or irregular intervals, is known by those who have studied the phenomena of congestion to produce, or be accompanied with, either increased or decreased nervous action, attended in the part to which the accumulation takes place with *swelling, pain, discoloration and heat*; that, coincident with these, the essential elements of inflammation, we have also increased, diminished, altered or suspended secretion, attended with the softening of the mucous membrane, effusion and ulceration; and that these within themselves are sufficient, and in our opinion do clearly indicate the nature and the name by which they should be known. To show that I am not singular in this opinion, and that others have been in the habit of making similar admissions, and accounting in the same way for some of the symptoms and *post-mortem* appearances, particularly in remittent fever, it is only necessary for me to direct the attention of my readers to the recorded views of Mr. Twining, who observes (*Diseases of Bengal*, chap. 5) that from the closest attention to clinical observations, as well as the result of *post-mortem* examination, he

\* In an interesting article in the *Memphis Medical and Surgical Monthly*, for June, 1866, entitled "Observations on Epidemic and Endemic Diseases," by Lansford P. Yandell, M. D., we are informed (page 211—212) that typhoid fever in those portions of Tennessee with which he is familiar, and where it heretofore prevailed, has within the last few years entirely subsided.

is convinced that the remittent fevers of Bengal are invariably connected with local congestion, which often runs rapidly into inflammation, attended with much interstitial effusion. The seat of these local affections was found principally in the stomach, intestines, cellular structure about the duodenum, and at the root of the meso-colon, more especially where it passes across the spine; the principle disease being also often found in the spleen, liver, brain and lungs. Thus most clearly is shown, both from *post-mortem* facts and clinical observations, that while the mucous membrane of the intestinal tube, in the remittent fever of Bengal, is frequently the seat of inflammation and effusion, all the other organs of the body may in time take on a similar condition, and become *foci* of diseased action. Hence we would say arises the impropriety, from the occasional appearance of one *post-mortem* lesion (ulceration for instance of the glands of Peyer), of taking from a series of symptoms indicating and bearing the name of a clearly defined and well understood form of malarial fever, and hypothecating thereon a name, the very mention of which is calculated to mislead the practitioner, at least so far as treatment is concerned, into the most dangerous, not to say fatal, errors imaginable."

Again, in an essay on the climate and fevers of the South-Western, Southern Atlantic and Gulf States, reprinted from the Oct. and Dec. Numbers (1858)\* of the *New Orleans News and Hospital Gazette*, I spoke of typhoid fever under the head of the *continued stage of remittent fever*; and in another unpublished part of the same Essay, of congestive fever, as the *congestive stage of intermittent and remittent fevers*. At the time of the appearance of the above essay, I contemplated, at no very distant day, the publication of a small volume upon the same subjects; and believed that this might contain some nosological reforms, tending to the introduction of a more rational and successful plan of treating typhoid and congestive fevers, particularly the latter, that ought to be promulgated. Recent circumstances rendering it uncertain whether I shall be able to effect this purpose, I have been induced on the present occasion (incidentally however), to present for the consideration of my professional brethren certain of these supposed reforms.

After a long and careful study of the causes, seats, symp-

\* This Essay the editor of *De Bow's Review* for 1859 republished entire, in the June and July Numbers of that sterling periodical.

toms, anatomical characters and treatment of congestive fever, I have been brought to the conclusion that probably the chief cause of the disagreement in opinion amongst medical writers upon the subject, is perhaps more the result of an appropriate phrase to express the true pathological condition present in the congestive stage of intermittent or remittent fever than anything else. As we all know there is present more or less congestion in every grade and variety of ague, and that it is the most prominent, if not the most dangerous symptom in the cold stage of an intermittent that terminates in death during the first, second or any other paroxysm, we are unable to perceive any good reason why the epithet congestive might not be very properly applied to that condition of the system recognized and known amongst us by the familiar term of *congestive chill*. If the minds of our medical brethren could be brought fully to realize the truth, that a congestive chill is nothing more or less than a prolongation and perhaps deepening of the cold stage of the paroxysm of an intermittent, and that remittents during their course sometimes fall into a stage, I think they would experience little trouble in arriving at a correct understanding of the true nature of congestive fever.

In an essay on the distinctive character of congestive fever, Dr. Silas Ames\* denies its identity with the pernicious fever of Dr. Wood, on account of the want of uniformity in their *post-mortem* lesions; and with the malignant intermittents and remittents of other writers, upon the ground that the latter preserve throughout their paroxysms the several (cold, hot and sweating) stages of a simple intermittent. Entertaining, as I do, the highest respect for the character and memory of Dr. Ames, it is really a source of no small regret to have to differ with him upon any subject, but more especially upon one in which his experience could not have been otherwise than ample; nevertheless I am, at least for the present, unwilling to admit that the absence of inflammation in any of the tissues or organs of the bodies of those who die in the first or second chill, or the presence during life of some symptoms in the paroxysm of an intermittent or remittent fever that are absent in others, proves any non-identity whatever between them and congestive fever.

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\* New Orleans Medical and Surgical Journal, Vol, Nov., 1850, page 300.



Under the head of congestive fever, Dr. S. H. Dickson,† while refusing to admit there is any variety of fevers to which this title is exclusively appropriate (in compliance with what he considers custom among American writers, who thus designate a particular), describes a periodical form of intermittent and remittent fever. It is chiefly the latter variety which he thinks, if not identical with, at least to resemble very much the malignant intermittents and remittents of the French and Italian writers. Again, Dr. Drake‡, after describing simple and inflammatory intermittent fever, then comprehends the remaining varieties of this type, not referable to these two heads, in which the reaction and remission are feeble and imperfect, and the regularity of the other symptoms mingled or wanting under that of malignant intermittent. He also further informs us (page 114—115) that in malignant remittent fever, there is not only present great congestion in the vena cava and its branches, but there also exists a broken balance in the circulation, and that the organs most oppressed become the seats of special irritation and congestion. When these local inflammatory engorgements fail to produce reaction, as they sometimes do, we have present every element of danger and difficulty, together with a concourse of symptoms of a highly adynamic and ataxic character, from which the patient will be recovered with difficulty.

In some localities in the Southern and South-Western States, those in which during the summer and fall months malarial fevers of every grade and variety prevail, we occasionally meet, in the second or third paroxysm of remittent fever, with a weak, frequent and variable pulse, attended with increased gastric irritability, restlessness and thirst. These symptoms, generally denominated by medical writers malignant or pernicious, are really nothing more than the premonitory signs of an approaching cold stage, and the manifest result alone of congestion. In other cases the congestion falls more particularly on some one or more of the principle organs of the body, as the brain, lungs, liver, spleen, stomach or bowels, and is accompanied in every instance by the peculiar symptoms characteristic of hyperæmia of these organs. These local determinations du-

† *Elements of Medicine*, pages 258—9.

‡ *Principle Diseases*, Int. Val. N. America, Vol. 2, page 71.

ring the course of the primary fever have been, I think, very erroneously described by medical writers as the comatose, soporose, thoracic and abdominal varieties of congestive fever. In other low, moist localities, where the long absorption of malaria has destroyed the vitality of the blood, turned it black and rendered it incapable of stimulating the heart into reaction, the congestive stage is neither so mild or gradual in its approach, the patient frequently dying in the first chill. These necræmial cases are very well described by Dr. Lewis, in his "Medical History of Alabama;" by Dr. Hart, \* of New Orleans, and others. We are informed by Dr. Forry, † that they are ushered in with a prolonged sense of cold and universal collapse of the vital powers, occurring in places and at times in which the endemic causes are intense and concentrated; but as they are of rather rare occurrence and almost universally fatal, they cannot, I think, be viewed with propriety in any other light than as aggravated cases of the congestive stage, in which the power of reaction is completely overwhelmed.

From an examination of the preceding synoptical extracts, it appears that, while some of the writers cited contend for a congestive fever, *abnatio*, others no less experienced deny its existence altogether, or describe a similar condition of the system under the name of malignant, intermittent, remittent, or pernicious fever. The want of respect, on the part of one of these writers, ‡ for the congestive theory, the advocates of which he derisively styles hydraulic or mechanical pathologists, no less than the difficulty experienced by some of the others in the transformation of a *mere symptom* into an idiopathic disease, is probably to some extent, the cause of difference amongst them. Hence the classification, by systematic writers upon congestive fevers, into the cerebral, thoracic and abdominal forms, with sometimes a subdivision of these into varieties. I feel constrained to maintain, upon the grounds just stated, that the original disease of which they are mere species, varieties and subdivisions, is itself nothing more than a symptom, a stage of periodic fever, and should be described and treated as such.

*Treatment.*—To meet all the indications, this must be pre-

\* "New Orleans Medical and Surgical Journal." Vol. IV. July, 1847, page 56.

† Forry's "Climate of the United States," page 267.

‡ "Drake's Principal Diseases, Interior Valley of N. America," Vol. II, page 114.

ventive in the chill and during the remission. In an attack of either intermittent or remittent fever, should any of the symptoms present themselves heretofore mentioned as premonitory of the approach of the congestive stage, we must endeavor to bring the system of our patient under the influence of quinine and opium, before the expected return of the next paroxysm. This may generally be affected by the administration, every two or three hours, of from four to six grains of quinine, and half a grain of opium, or its equivalent of morphine, until from 20 to 30 grains of the former are taken. Sometimes, in combination with each dose of quinine and opium, we give from 3 to 5 grains of pulverized cayenne pepper, directing the patient at the same time to drink pretty freely of a tea of this article, and to apply a mustard poultice to the epigastrium. This course I have generally found efficient to prevent the development of the congestive stage. Afterwards, if there is present much hepatic derangement, which is frequently the case, I give some three or four pills (one every two hours), composed of two or three grains each of calomel and blue-mass, to be followed, if necessary, with oil; and then complete the cure by giving, for two or three days longer, more quinine, gradually reducing the quantity each day.

Dr. Horatio N. Morris and myself, in the fall of the year 1835, in the case of a young gentleman at the "Planters' Hotel" in this city (Wetumpka), in the congestive stage of an intermittent fever, gave him, during the course of the afternoon, some eighty or ninety grains of quinine, with as much brandy and opium as we thought prudent; at the same time applying mustard poultices to his spine, epigastrium and extremities. Yet our patient gradually grew colder and weaker, and finally, before midnight expired. This case, together with several others that came under my observation within the next five or six years, in which large quantities of quinine, aided by the external application and internal administration of the most powerful stimulants, failed to produce the least reaction, led me, not only to doubt the curative powers of eighty or one hundred grains of quinine in this particular condition of the system, but to suspect this quantity might have had something to do in bringing about the fatal result. About this time, and when greatly discouraged in trying to fix upon some better plan of treating the congestive stage of fever, I received from

my friend Dr. W. O. Baldwin, of Montgomery, his essay on the poisonous properties of the sulphate of quinine. After a thorough study of this essay, a few rays of light began to illuminate the darkness by which I was surrounded, confirming my previous suspicions, and leading me irresistably to the conclusion that from twenty to thirty-six grains of pure quinine would produce that particular condition of the system recognized by us all as quininism, a state of irritation and excitement;\* that carried beyond this point, it would begin to display its sedative powers, and perhaps a little further, its poisonous properties. Ever since this time, now some eighteen or nineteen years ago, I have never doubted that large doses of this remedy in stages of depression (no matter what may be its action in other conditions of the system), would produce dangerous symptoms, if not death; and consequently have discontinued its use in large doses, during the chill. The plan now pursued in the chill, is to apply immediately over the epigastric region a large blister, six by eight, or eight by ten inches, letting it remain on from eight to ten hours. If I have any fears, from the coldness and want of vitality in the skin, that the blister may not draw promptly, I endeavor to irritate the surface with mustard or the spts. of turpentine, taking care at the time of the application of the blister to moisten it well with the latter article. This done, I make use of the following:

R—Quinine sulph., gr. xxxvi;  
Calomel, gr. xviii;  
Opium, gr. iv;  
Camphor, gr. vi;  
Olei piper. nig., gut. xviii;  
Confection. ros., q. s. M;  
Ft. pil., xviii.

One of these I give every two hours through the congestive stage, and continue them until the patient has passed beyond the period for the return of the next paroxysm; which will be in from twenty-four to thirty-six hours, according to the type (tertian or double tertian) of the prevailing fevers of the locality. During the remission, if the pills have not acted, give a little oil, or some other mild laxative; and then continue to treat the case, but rather carefully, as an ordinary intermittent or remittent fever.—*N. O. Med. and Surg. Jour.*

\* "Dickson's Elements of Medicine," Revised Edition, page 262.

*A Case of Complete Prolapsus of the Rectum, Operated upon by "Smith's Method."* By J. W. FREER, M. D., Prof. Physiology and Surgical Pathology, Rush Medical College, Chicago, Ill.

CASE.—Andrew S., *æt* 32, American, presented himself in the fore part of April, 1866, under the following conditions, *viz.*:—a complete prolapsus of the rectum, which had existed, according to his statement, about twenty years, or since his recollection. On placing himself in a sitting posture, he was able to expel what seemed to be the entire rectum, leaving no sulcus between the margin of the anus and mucous membrane. The size of the prolapsed gut was 10 inches long and 20 inches in circumference, by measurement, around the middle. The mucous membrane, from long exposure, had taken on the cuticular formation—no ulceration existed, nor was there unusual vascularity.

The bowels always protruded at the time of defecation, and had to be restored by the hand, followed, for a space of time, by intense tenesmus, pain in the back, and irritability of the bladder. These painful symptoms were such that the evacuations were usually deferred until the last moment, (sometimes "going a week or ten days without a passage,") and then had to be induced by cathartics, castor-oil being his favorite remedy. Finally his condition was such as to totally incapacitate him for the ordinary affairs of life.

My first impulse was to advise the man to go home and bear his ills as best he could, for I could not recall either authority or precedent for any operation which might promise benefit, but that of Dupuytren's—by removing V shaped folds from the verge of the anus, and this in the almost total absence of the sphincter muscle, and in view of the enormous size of the prolapsus seemed quite hopeless. However, at the urgent solicitation of the patient, I finally consented to perform *some* operation, having not, as yet, fully determined in my own mind the method to be adopted. Subsequently, I called into consultation my friend Dr. A. J. Baxter, who has had considerable experience in the use of Smith's clamp in the treatment of internal hemorrhoids—he being the first to introduce it into this city, some two years ago. The result of the conference was, that of adopting the following operation, *viz.*:—removing by the clamp and actual

cautery a series of longitudinal folds extending from base to apex of the tumor.

*Operation.*—April 30th, with the assistance of Drs. Baxter, Hunt, and Cole, the operation was performed as follows:—The patient being placed semi-prone, the tumor fully protruded, and chloroform administered to a degree of anæsthesia, I removed vertical folds, extending the entire length of the tumor, to the number of nine, equally distributed around the circumference of the cylinder. No untoward symptoms followed; the sloughs separated on the third day, and were evacuated without fecal matter. On the fourth, a castor-oil emulsion was given, which caused a free movement, without pain or protrusion of the bowel, a circumstance which, he remarked, had not occurred for years. On the fifth day, he was going about the hotel, and on the seventh departed for home, by rail, a distance of 120 miles.

From this time to the middle of September, there had been no return of his infirmity. In his communications he averred that his health was restored, and, to quote his own language, "I consider myself cured, and have resumed my avocation"—that of farming. Unfortunately, about this time, he was seized with acute dysintery, which resulted in a partial return of his former trouble. On the 28th of November, he again presented himself for another operation, which, I may briefly state, was a repetition of the first, with the exceptions of removing some pendulous folds from the verge of the anus, and also two transverse folds intersecting the longitudinal at right angles.

In the first and last operations, there were some variations from Smith's method of removing, with scissors or bistoury, the included folds of mucous membrane before applying the cautery. Finding, after removing two folds by the above method, that some hemorrhage followed, I subsequently applied the cautery at once, leaving the eschar untouched. With this modification, no bleeding followed. The cautery was applied so thoroughly that the tissues were completely charred.

*Present Condition.*—March 4th, I received a letter, from which I quote the following paragraph:—"I am enjoying excellent health, but it comes down a little on one side. If it gets any worse I will come in and have some more taken off."

*Remarks.*—So far as I have been able to ascertain, the case above related is the first of like magnitude that has been subjected to similar treatment, and, to the best of my knowledge, in cases of this kind, we have no authority for any other operation than the removal of V shaped folds from the margin of the anus, but in severe cases, like the above, where all the tunics are involved in a state of extreme laxity and mobility, the sphincter muscle atrophied and nearly or quite functionless, this operation, as shown by experience, usually terminates either in failure to give relief, or, if too much tissue have been removed, in one of the most deplorable of all conditions—stricture of the rectum.

We do not propose to discuss the comparative merits of the clamp, ligature, and nitric acid in internal hemorrhoids and trifling cases of prolapsus recti; these, as far as treatment may be concerned, having the least possible relation to conditions like the above. In these minor affections, either method is sufficiently successful—favorable results almost uniformly following. But where extensive ablation of mucous membrane is required, we believe the clamp possesses the following advantages, *viz.*:—facility of execution, risk from hemorrhage avoided, and more speedy recovery—the time consumed not generally exceeding five to eight days.

Ashton, in his invaluable work on the Rectum, says:—"In some cases, on account of age, debility, or *other circumstances*, an operation cannot be performed." Now, in his report of cases treated by himself, no mention is made of any other (comparatively speaking) than minor cases. Therefore, may we not safely conclude that he refers, in the above quotation, as much to certain local circumstances of the prolapse, such as volume, relaxed condition of the pelvic floor, etc., as to general conditions of the constitution.

Gross, in his work on Surgery, speaks of a remarkable case of prolapse in the person of an adult Mississippian. He says: "the disease had troubled him for a long time, and the tumor was fully as large as the crown of an ordinary-sized hat." He omits to make mention of the treatment or final result. In a general way, he recommends as treatment (in severe cases), "the excision of some of the cutaneous folds of the an-gluteal region." By this operation, he says, "contraction of the anal orifice is *hoped* for, and will rarely disappoint expectation." Again, he speaks of having helped "Prof. Richardson in such an operation, but al-

though it was well executed, no appreciable benefit resulted. The patient was a middle-aged woman, who had for years labored under an immense prolapsus of the lower gut, attended with great and permanent relaxation of the integuments and muscles of the anus, which resisted every mode of treatment that could be devised."

Mr. Henry Smith says, in his article on Prolapsus, *Holmes' Surg.*, vol. iv., p. 197:—"The object to be obtained is, to reduce the redundancy or relaxation of the mucons membrane, to promote adhesion between the several tissues composing the bowel, and to brace up the anus sphincter." In his treatment "for severe cases"—notwithstanding he is the hero of the method by "the improved clamp"—he recommends Hay's operation, as modified by Dupuytren, or the ligature, respecting which, he says:—"another mode of curing prolapsus, consists in the application of the ligature to portions of the prolapsed membrane. This plan is especially adapted to those cases where there is great laxity of the mucous membrane, and where the surrounding integument is not much involved," but, as far as I know, he has never reported cases treated in this manner, where more than simple segments of the gut were involved; we are therefore, warranted in the conclusion that he does not refer to cases like the one embraced in this report, for certainly, it would be a formidable proceeding to include in ligatures a superficies of mucons membrane equal in extent "to an ordinary hat crown."

Such, I believe, is a fair representation of the literature on this subject, up to the present time, and if we have, in Smith's improved clamp, a safe and effectual means of attacking these "severe cases," may we not congratulate ourselves upon having the means of removing another of the *opprobria* from the fair escutcheon of surgical science and art.

The favorable termination, we venture to suggest, was due to two principal causes. *viz.*:—the reduction of the size of the prolapsus by the removal of tissue, and the induction of an extensive adhesive inflammation as a result of the canterisation, the latter, doubtless, playing a more important part in the case than the former, and this by the production of new connective tissue between the intestines and surrounding parts, in a manner inducing nature to replace the long-lost natural supports of the organ.—*Chicago Medical Journal.*



## EDITORIAL AND MISCELLANEOUS

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### ATLANTA MEDICAL COLLEGE.

Since the opening of the present Course of Lectures, the 6th instant, a material change, in the amount of teaching offered by the Institution, has been adopted by the Faculty.

At the conclusion of the present regular session, about the first of September next, a course of Practical or Clinical Instruction, with daily examinations and six lectures a week, on the several fundamental branches of Medicine, will be commenced, and will continue until the next regular course, commencing the first of May, 1868.

This additional labor will be assumed by the Faculty of the Institution.

#### FACULTY.

A. MEANS, M. D., Prof. of General and Medical Chemistry  
D. C. O'KEEFE, M. D., Prof. of Principles and Practice of Medicine.

W. S. ARMSTRONG, M. D., Prof. of General and Special Anatomy.

H. V. M. MILLER, M. D., Prof. of Obstetrics and Diseases of Women and Children.

W. F. WESTMORELAND, M. D., Prof. of Principles and Practice of Surgery.

EBEN HILLYER, M. D., Prof. of Physiology.

J. G. WESTMORELAND, M. D., Prof. of Materia Medica and Therapeutics.

G. L. JONES, M. D., Demonstrator of Anatomy.

One Annual Commencement for conferring degrees will be held at the conclusion of each regular course of Lectures, about the first of September.

Fees for the Regular Course, from May 1st, to Sept. 1st, \$105.  
Matriculation, (required only once in the Institution) . . . 5.

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|-------------------------------------------------|-----|
| Dissecting Ticket,.....                         | 10. |
| Graduation Fee,.....                            | 25. |
| Fees for the Practical Course of 8 months,..... | 15. |

In announcing to the medical profession and the public the above important modification of their course of instructions, the Faculty of the Medical College deem it proper to assign some of the reasons which have prompted its adoption.

The defects of the system of medical education generally pursued in the United States, have been long felt and deplored by the profession. Attempts to remedy them have been made at different times, by different medical schools, and valuable suggestions have been offered for improvement by individuals not connected in any way with the business of teaching: but from a variety of causes, these laudable attempts have failed; the useful and well meant suggestions have not been carried into practice; and, substantially, the same system which was adopted a century ago is still pursued; improved, it is true, by greater experience and proficiency, and enriched by more valuable appliances, but, it is believed, without radical change.

The imperfections of that system, becoming every year more apparent, consist mainly in the shortness of the time devoted to the acquisition of elementary principles, and the entire or partial want of opportunity to witness the practical application of them. A longer term of study and more extended and varied clinical observations are necessary to perfect the education of physicians, and to elevate the standing of the profession.

Under a different system of government, these objects might be secured by legal requirement; but in this country, where each State assumes to regulate, or to learn without regulations, the subject of education within its own limits, a general law, which alone would be useful, is impracticable. Medical Colleges are so numerous, and their interests so conflicting, that no one of them can successfully inaugurate the

needed reformation: so that the only plan of securing greater perfections of medical education, which holds out reasonable hopes of success, is to offer the student increased facilities for the acquisition of knowledge; to place within his reach, at small cost, ample opportunities to learn, thoroughly, the theory and practice of every branch of his profession, and, by this appeal to honorable ambition and to his interest, induce him, by the longer prosecution of his studies, to avail himself to the utmost of these advantages.

The instruction conveyed in the customary series of lectures, in many of the existing Medical Colleges, is as full and complete as genius and learning can make it, in the brief period devoted to it; but such a map of facts, upon so many different subjects, is necessarily so crowded upon the attention of the student, as to leave him little time for the patient study of books, or practical anatomy, or for the more important investigation of disease as it actually occurs in the patient. It is proposed, in this institution, to retain all the advantages confessedly secured by the ordinary course of lectures of four months, devoting ~~as~~ much attention as that time will admit to practical anatomy; and utilizing, as far as possible, the extraordinary facilities for clinical instruction which this City affords. In addition to this curriculum, customary in all Medical Colleges, clinical lectures will be delivered daily, throughout the year, to all matriculants of the College; and daily recitations or examinations, covering the entire course of study expected of them, conducted by the members of the Faculty who teach during the regular term, the subjects to which they respectively relate.

It will be perceived, that this plan virtually extends the period of instruction to twelve months.

Attendance during the entire time will not be required as a condition of graduation. It is not proposed, in fact, at least for the present, to change the qualifications expected of candidates for the degree of Doctor of Medicine; but the

advantages of the scheme are so great and so apparent, that it is not doubted that a large number of students who aspire to distinction, and determine to derive success in their profession, will voluntarily hasten to profit by them. The proposition *invites* to the pupil a long course of well directed study, encouraged and stimulated by daily examinations, by experienced teachers in the presence of his associates. Aided by the specimens and preparations in the College Museum, (which in a short time he has not time to examine) and by abundant material, he may select the most convenient season and the most leisure hours for the complete and satisfactory study of practical anatomy; while there will be, daily, submitted to his inspection, specimens of every variety of disease, in every stage of progress, confirming the lessons learned from his books, or which fall from the lips of his teachers.

The Faculty have been led to the adoption of this plan of teaching by a conviction of its necessity and usefulness, as well as by the remarkable facilities which the city affords for its successful prosecution. Indeed, they would be recreant to their duty if they neglect to mark the advantages subservient to the cause of science and medical education.

The population of Atlanta is now estimated at twenty-five thousand; it is growing with wonderful rapidity, and, in a few years, will be by far the largest city in the State, affording, certainly, equal opportunities with any other city of the same size for the cultivation of medical science. But from the peculiar circumstances of a large number of its inhabitants, it furnishes to the clinical lecture-room, and to the beds of its hospitals, more than the usual proportion of patients. From twenty to thirty of these present themselves every morning at the dispensary for examination and relief, furnishing illustrative examples, during the year, of almost every form of disease that the physician or surgeon will be likely to meet with in his future practice, and amounting in the aggregate to very nearly ten thousand prescriptions per annum.

Independent of the City Hospital, which is more remote, there is in the College grounds a hospital averaging between one and two hundred patients, the inmates of which are not all drawn from the city, but are sent here from many of the surrounding counties for treatment of the graver forms of surgical and other diseases, and women who resort thither for shelter and support during their confinement.

From these copious sources of supply, likely to become more abundant with each succeeding year, the Faculty will be able to illustrate the daily clinical lectures during the entire winter course. Indeed, it rarely happens that there are not found in the hospital, or attending the dispensary instruction, examples of every stage of venereal disease, of scrofula, of disease of the eye, of uterine disease, and many others, sufficient to justify a series of lectures on each of these specialities.

The number and variety of surgical cases submitted to the inspection of the pupil, and the number of surgical operations performed in his presence, is proportionably greater. The surgical clinic is in fact richer, if not more important, than the obstetrical or the medical, for the reason that the patients are drawn from a wider area, and are generally the subjects of graver injuries or of malignant diseases, demanding the highest operative skill for their relief or removal.

With these abundant means at their disposal, and with the determination most efficiently to employ them, the Faculty confidently invite the coöperation of the profession in the attempt to make Atlanta the chief center of medical education in the Southern States. The mildness of its climate, the salubrity of its atmosphere, the purity of its water, and the cheapness of living, are important and well known advantages, which, together with the superior opportunities now offered for the acquisition of professional knowledge, must commend it to the public as a most suitable place to begin to prosecute and to complete a medical education.

The attention of the younger members of the profession who may not have had time or opportunity during their hurried course to study disease at the bed side, is respectfully and earnestly invited to the advantages presented by this prolonged clinical course, and by the profusion of material by which it will be enriched. Nowhere in America or in Europe, can a limited number of students find a better field or fairer opportunity to lay the foundation for further usefulness and honorable distinction.

To the graduates of this and other colleges, the usual courtesies are most cordially tendered.

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We learn that the failure on the part of Dr. V. H. Taliaferro, of Columbus, Ga., to deliver the Annual Address at the last meeting of the Medical Association of Georgia, was caused by severe and protracted illness; and that his regrets at not being able to attend the meeting were much more profound than members' who desired to hear his address.

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## BIBLIOGRAPHICAL.

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*Pereira's Materia Medica and Therapeutics Edited, with numerous references to the United States Pharmacopœia, and many other additions, by HORATIO C. WOOD, JR., M. D. Published by Henry C. Lea, Philadelphia: 1866.*

In this work we have an abridged edition, adapted to the use of students and physicians in America. While many things contained in the English editions are left out, additions comprising subjects more useful to us are made. In these alterations, however, we have the work reduced to the size and compromising those items which makes it suitable as a text-book for the student.

While the classification of remedies is not such in our opinion is best suited to the Student of Medicine, we know of no recent work on *Materia Medica*, to which the same objection does not obtain.

We are great admirers of the talent and research of the great English teacher, and hail with pleasure the appearance of his great work in a form to make it suited to the American Student of Medicine.

We are also in receipt of the fifth American, from the fourth London edition of Headland, on the action of medicine.

The subject of this work is an important one, and the manner in which it is treated makes the volume an important addition to the library of every physician.

The manner in which certain changes are produced in the animal organism, by remedial agents, is so important to the understanding of rational medicine, that the absence of such knowledge leaves the practitioner without the pale of scientific medicine.

We commend the book to those wishing a work on this subject.

It is published by Lindsay and Blakiston, Philadelphia: 1867.

We have before us the fifth edition revised, of the *Art and Science of Obstetrics*. By Charles D. Meigs, M. D., &c. Henry C. Lea, Philadelphia: 1867.

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## AMERICAN MEDICAL ASSOCIATION.

It will be remembered that the American Medical Association was to meet at Cincinnati on the 7th ult., and that a few days previously, the Convention of Colleges was to take place.

We give the following synopsis of the proceedings of the Association, from the Nashville Journal of Medicine and Surgery:

This body held its 18th Anniversary in Cincinnati, commencing on Tuesday the 11th, and continuing its sessions four days.

The reports of the daily proceedings were very meager and full of errors, as published by the press of that city—scarcely a name was spelt right. The entertainments given to the profession were on a magnificent scale, and lavished in a princely style. We have heard it said that they could not have cost less than one hundred thousand dollars.

The accounts received of the proceedings are not sufficiently accurate to make up a satisfactory report.

The Resolution of the Teachers' Convention held a few days previous to the meeting of the Association, were unanimously adopted.

Dr. Pickney read a lengthy report on Medical Rank in the Navy.

Dr. Post read the annual report on Medical Literature.

Dr. Walker, in the place of Dr. Ray, who was absent on account of illness, read the report of the Committee on Insanity. A few other reports were made.

The Majority of the Standing Committees failed to report.

Professional and scientific subjects, when introduced, were referred to the various sections which the Association proposed to organize itself into each day. Of their doings we have as yet received no account, and apprehend that the papers, &c., offered to the Association, have been referred to the Committee on Publication, and subjected to their action alone, without discussion or even having been read.

The Resolutions of the Convention of Teachers of the Medical Colleges, approved and adopted by the Association, were:—

1st. Every student entering a Medical College must give evidence that he possesses a thorough knowledge of an English education, and understands Latin and Greek technical professional terms.

2d. Every medical student is required to study for four full years, including three annual courses of lectures.

3d. Six calendar months must be the duration of a regular lecture term.

4th. The Faculty shall be composed of not less than nine Professors, teaching Anatomy, Chemistry, Materia Medica, Toxicology, Pathology, Therapeutics, Physiology, Hygiene, Surgery, Medical Jurisprudence, Medical Ethics, Clinical Medicine and Surgery, Obstetrics, Diseases of women and children. These branches shall be divided into three groups or series, corresponding with the three courses of lectures.

5th. Every Medical College should adopt some effectual method of ascertaining that students are in attendance on the lectures.

There were twenty Colleges represented. The other institutions are to be called upon to take action on these resolutions.



The following extracts from the St. Louis Medical and Surgical Journal, give not a very flattering account of these proceedings:

Dr. Davis, the father of the Association, arose; made a rather telling and vehement speech. He said that he expected nothing better for the Association; he expected the time to come when it would be invited *nowhere!* It had been badly conducted. There was too much eating and drinking and frolicking done. The expense of furnishing all this luxury was enough to frighten any city. He spoke of the great feast at St. Louis many years ago, in which some of the feasters became noisy and unruly. He said that very little had been done in the present meeting, either in full session or in sections. In short, the whole thing was rather a failure. So the Doctor introduced a resolution that the next meeting should be in the city of Washington, whither the Association had a right to go WITHOUT AN INVITATION. This is about all that need be said about the last meeting of the Association.

We understood that there was an excursion to Longworth's wine cellars after the adjournment. Let us see—yes, we have omitted one thing. Dr. Gross reported on Medical Education, and recommend three sessions instead of two, and six months instead of four or five per session, as necessary preliminaries to graduation. There was something else in the report about requiring mathematics. The whole was voted for without debate by some three or four hundred men, who had certainly devoted to it very little thought. The idea seemed to be that even the proposer of the GREAT REFORM regarded it impracticable, and that the action of the Convention *pro* or *con* was and would be a nullity, and that therefore it was just as well to "let it slide" *sub silentio*. We have no hesitation in saying, that we do not think the American Medical Association has done much for science or the elevation of the profession. The meetings look like "child's play," or a great annual frolic, which is rather unbecoming a grave and learned profession. It is pleasant, to be sure, to meet our professional brethren and friends, but the thing is too public; the festivities are too big and too often; the crown is too great, and we can not avoid the suspicion that the public is rather laughing at us "in its sleeve." Medical congresses, properly conducted, would be of vast service; but the number of delegates should be limited. The sessions should last for weeks, and men of ability should discuss the great questions of science to exhaustion, if possible. A volume of such discussions would be more sought after, we opine, than the "*Transactions*" of the American Medical Association.

Vol. VIII.

JULY, 1867.

No. 5.

ATLANTA

Medical and Surgical  
JOURNAL.

NEW SERIES.

EDITED BY

**J. G. WESTMORELAND, M. D.,**

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

**W. F. WESTMORELAND, M. D.,**

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

**J. M. JOHNSON, M. D.**

**Pax et scientia, sed veritas sine timore.**

**PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE**

ATLANTA, GA. :

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.

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## ORIGINAL COMMUNICATIONS.

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### ARTICLE I.

*Case of Instrumental Labor, with Puerperal Convulsions.  
Beneficial effects of the Hypodermic Syringe.* By V. H.  
TALIAFERRO, M. D., Columbus, Ga.

Some months since, I was called to see a young woman in labor with her first child. Upon my arrival, about 6 o'clock A. M., I found her suffering from the most violent and protracted convulsions. I learned from the old midwife in attendance, that the convulsions had existed almost simultaneously with the commencement of labor, some six or eight hours previous, up to the present time, recurring with great rapidity and violence, and at no time in the short intervals of the convulsions, giving the least evidence of consciousness.

An examination per vaginum, revealed a vertex presentation—the head well impacted in the superior strait.

From the alarming condition of this woman, together with the length of time her convulsions had existed, I could certainly give but little encouragement as to her recovery. I immediately commenced the administration of chloroform, with which to control *completely*, the convulsions. I had in the mean time sent for my friend, Dr. M. J. Moses, with the re-



quest that he bring with him some obstetrical forceps; feeling convinced that the only hope for the mother's safety lay in a speedy delivery. Upon the Doctor's arrival, the convulsions still not having been controlled, he suggested bleeding from the arm, to which I readily assented. She was therefore at once bled, and with the most satisfactory result; the convulsions afterwards being easily controlled by the moderate use of chloroform. The forceps were now applied, and after continued and persevering efforts for more than an hour, but little progress had been made towards delivery. The operation of craniotomy was now determined upon, as giving the only remaining chance for the mother. Instruments for the purpose were accordingly sent for, they being close at hand, but fortunately before their arrival, the head was moved perceptibly from its firmly impacted position. Being now more encouraged that delivery would soon be effected with the forceps and loath to perform the operation of craniotomy, our efforts with the forceps were continued for more than an hour longer, when an unusually large child was delivered "still born." Near three hours had been consumed from the time of the application of the forceps to the period of delivery. From the long continued pressure upon the child's head, but little hope could be entertained for its resuscitation. Dr. Moses finally succeeded by means of artificial respiration, in restoring life to the apparently dead child, and in a little while it was crying as lustily, and doing as well as infants born under more favorable circumstances.

The placenta was now delivered, and the uterus left well contracted.

Our patient at this time, was certainly in a most alarming condition from profound coma and great prostration.

We now administered gr. i sulphate morphia, by *hypodermic injection*, and the patient left until the following evening, when the same operation was repeated. On the following morning the patient was found in much the same con-

dition, save some little improvement in the pulse and respiration. The hypodermic injections were repeated as on the previous day—morning and evening. In the afternoon of the third day, the morphia having been suspended, the woman aroused, sat up in bed and spoke to her attendants. For some time she could not be made to believe that she had been delivered, and that the fine healthy looking infant was her own.

From this time no untoward symptom presented itself, and recovery to perfect strength and health was more rapid, even, than is usual with women who have undergone the most natural and easy labor.

I consider the recovery of this woman, mainly due to the *hypodermic* administration of the sulph. morphia, whereby a sufficient narcotism was induced immediately following delivery, and kept up until re-action had quietly and firmly established itself, avoiding thereby the violent re-action which would in all reasonable probability have ensued, and resulted in the most active inflammation, establishing itself, most likely, in the peritonium, the uterus, or, indeed both.

## ARTICLE II.

*A Singular Case of Malformation.* By J. M. JOHNSON, M. D., of Atlanta, Ga.

On the 2d day of June, 1867, I was called to visit the infant son of a most respectable gentleman of this city. The child was three days old, having been born on the 30th day of May. The meconium had not passed away; castor oil had been administered once, and after the lapse of a short time ejected. The vomiting continued at intervals: the matter thrown up was of a stercoraceous character.

This had been the case for twelve hours before I was called to see the patient. It had passed a drop or two of urine on the second day; and at my first visit on the third day, and whilst examining it, a few drops more escaped. I ordered a warm bath and an enema: both were administered. In an hour the father came with the information that the fluid used as an injective could not be made to ascend the bowel, and without the least volition on the part of the child, returned.

I went again, and upon introducing a bogie, found that it only passed three-fourths of an inch. I then introduced the little finger of my left hand, and found the rectum closed. Upon examining the abdomen I found a tumor as large as a hen's egg, over the region of the sigmoid flexure, attended with considerable discoloration of the skin, and some hardness. I requested Dr. W. F. Westmoreland, Prof. Surgery in Atlanta Medical College, to see the patient with me. He made a most searching examination, the result of which was that there was no rectum: even the rudimental elements were wanting. The bladder could be felt easily enough, and as it lay in the track where the rectum should have been found, was at first mistaken for this gut. It was clearly demonstrated that there was an absence of rectum with conservation of anus, and consequently two cul-de-sacs, one of the anus, and the other of the colon at the sigmoid flexure. Let it be borne in mind, that the bladder could not be felt above and under the symphysis, notwithstanding three days had elapsed without the passage of more than a teaspoonfull of urine. The pelvic basin seemed to be free from any unnatural fullness, such as would have been the case if the bladder had held its normal place, and contained the accumulations of three days.

After this most mature and thorough investigation of the case, we declined to operate at that time. The diagnosis was anal cul-de-sac, with absence of rectum; a tumor in the left iliac, caused by the accumulated feces, and most

probably a cul-de-sac of the colon, presenting the appearance of inflammation; the vomiting continued, of green matter; the extremities cold; no pulse at the wrist. To operate we must pass a trocar from the anus to the tumor, a distance of more than three inches, with the bladder in the track, and liable to be wounded; but this danger passed, and the sac reached, could we expect to keep the opening of the distended bowel in contact with that made by the trocar? and if we could, would not inflammation be excited by the presence and extravasation of the feces in their descent to find an outlet? and, finally, would not the inflammation thus aroused close up the opening? Such a multitude of difficulties induced us to dismiss all idea of an operation. Gross, Nelaton, and Petit, all discourage it, and there is not an instance of a successful termination on record of such cases.

On the 5th day two circumstances occurred: the tumor over the segnoid disappeared, and the child passed urine freely, and continued to do so up to the tenth day, when it died.

Some delay occurred in making post-mortem, on account of the absence of Dr. Westmoreland.

I procured the assistance of Dr G. G. Crawford, and Dr. R. O. Word. At the request of both, Dr. Word and Myself, Dr. Crawford took the knife. Incisions were made on each side of the genitals, dividing the urethra in the middle; the parts were hooked up out of the way; pubis divided; anus and sphincters dissected, disclosing cul-de-sac as above stated, three-fourths of an inch deep; half an inch above was found the rounded end of the colon much distended, with meconium and gasses, and the fundus of the bladder attached by cellular membrane to it. The conviction is fixed in my mind *that the bladder occupied the track of the rectum*, and by the descent of the colon into the pelvis, the bladder was restored to its normal position, and the urine was passed without difficulty after the fifth day. It will be remembered, that on the fifth day the tumor disap-



peared from the left flank, and *pari-passu* with this; the urine was freely discharged; the child also became calm, as if nothing was the matter, and remained so for two days. This theory is the more plausible, in view of the fact, that the track of the rectum was sufficiently open to admit the colon, swelled to double its size, and in view of the further fact that no abnormal growth resembling horn; no cord resembling the umbilical cord, as described by authors, with cellular membrane extending in all directions, were found. In malformations of this kind, it is not an unfrequent occurrence, as we will presently show, to find an opening from the gut into the bladder, uræthra, and uterus. Compensation is a law of nature, and although there was no opening into the bladder, it is plain that this organ occupied the place allotted by nature to the rectum, or some other economic disposition would have been made of the cavity, which was not the case.

Boyer says this is an abnormal conformation, and the aid of art can save but a small number.

Petit found a case according to this author, where the sphincters were perfect, and an occlusion occurred in the rectum above the sphincters. He used the pharagnetome, and had no difficulty in making the incision—the membrane offering little resistance, and the meconium was discharged. The child lived two months. This operation was made two days after birth. This operation to be successful, he continues, should be made early.

Sometimes there is so great a space between the deficient end of the rectum and the sac containing the meconium, that it would be difficult to reach, even when you had made the proper diagnosis. The opening is rarely large enough, and the feces are liable to re-accumulate, and their retention cause the death of the child at last. (*Memoir's Academy of Surgery*, page 250.)

Engerron, (*Ib.*) page 253, gives the case of a child which, four days after birth vomited up everything, and could not

pass the meconium, although the external anus was well formed. He introduced a stilet, but finding a strong hard body, was obliged to use instead of the stilet, a triangular needle, which gave issue to a great quantity of fecal matter: the excrements, however, accumulated again, and the child died at the end of a month. Autopsy disclosed at the end of the rectum a species of knot, resembling the umbilicus of an adult. Sometimes the obstacles are of such a nature as to prevent the success of an operation.

Trion gives the case of a female infant, of which the anus had a good conformation, but upon introducing the stilet, found resistance. The child died at the end of three days. Upon opening the cadaver, and the anus being dissected, it was found that above the length of the finger from the orifice, there was a membrane which opposed resistance. It was about ten lines in thickness, and about the consistence of horn. In cases like this, however well performed, the operation would not likely be successful. Usually, when the real difficulty is perceived, the opening is rarely made large enough, and he might have added, still more difficult to keep it so, owing to the presence of inflammation caused not only by the operation, but by constant contact of irritating matter.

Petit found a case of imperforate rectum, and an operation failed to reach the meconium. About three hours after, a dark sack protruded transversely over the wound, and which, when opened, discharged the meconium. It proved to be a hernia of the bowel driven down by the straining of the child; after this the child was easy, but died in seven or eight days.

The hernia was formed by the posterior part of the rectum. The portion of the rectum covered by the sphincters was entirely effaced, without a vestige or appearance of a cavity.

Another case of the same kind was first operated on with the lancet, and afterwards with the trocar; but the child died next day. (Petit.)

These operations, and a great many others like them, all show that there can be no success where the rectum is wanting, or where it is malformed, and it would be proper to abstain from it, if the absence of the rectum can be known. Authors cite a great many cases where the rectum terminates in a cul-de-sac at the base of the sacrum, and even fails altogether, and asks, very properly, what is the use of an operation under such circumstances? (Petit.)

Speaking of the absence of rectum with conservation of anus, Nelaton says "in these cases there are two cul-de-sacs of greater or less depth, the cul-de-sac anal and the cul-de-sac rectal. Between these two cul-de-sacs is found not a new membrane as in simple imperforation, but an interval more or less considerable, filled by tissues of an aspect and consistence, variable, closing up at times a cord, hard and impenetrable, the last vestige of intestine. In some cases it is filled by cellular tissue altogether, that found in inter-organic spaces. (Petit.) A case is mentioned by Monsieur Jouvinal Delvin court, of a female child which had an anus well formed exteriorly, but closed at an inch high. Several incisions or punctures were made, without success. The child died, and autopsy demonstrated that the sigmoid illiac terminated by a pocket at the point of the sacro-vertebral angle, and was fixed to the superior part of the sacrum; the interval from the base of this pocket to the depression of the anus was supplied by cellular tissue, and by a fold (Sallie) of the vagina. Monsieur Bordinet has seen a case in which the anus is well formed, terminate at one centimetre. He deferred the operation until the third day; the little finger introduced into the anus, detected neither softness nor fluctuation. A pointed bistory was passed to the depth of one and a half centimetres, which did not open the rectum. Four days after, two new punctures, which penetrated three centimetres above the cul-de-sac, were made with a like result. Death occurred on the 20th day.

The autopsy showed the cul-de-sac anal profound to the

depth of one centimetre. That it was attached by a cord to the rectum full one and a half centimetres in length, and the intestine terminated above the cord, by a cul-de-sac regularly rounded. The dilation was such, that this part of the intestine filled exactly all the cavity of the pelvis.

Our own great Author, Dr. Gross, speaking of the deformity we are now considering, says: "In rare cases, the absent canal is represented by a fibro-ligamentous cord attached to the colon, and ascending along the sacrum towards the neck of the bladder, where it is lost in the cellular substance." Again, "an operation similar to the one just described, may be performed when the rectum is absent, although with hardly any possibility of a successful issue, for even supposing that the cause could be reached, the child would be likely to perish from peritoneal inflammation, induced either by the incision of the intestine, or by the extravasation of fecal matter." Dr. Gross justifies the operation only on the ground that there is no other means of relief, although not an instance of cure can be found upon record.

Capt. McDaniel of this city, relates, as coming within his own knowledge, a very curious circumstance, which can be verified by a number of witnesses. He says that Mr. John E. Gadsey, of Franklin, Williamson County, Tennessee, eighteen miles South of Nashville, raised a male hog to be eighteen months old, with imperforate anus. The animal was always fat, and in every particular properly developed. After retaining his food for a certain length of time, feeding as other hogs, vomiting would ensue, and then with an appetite as keen as ever, go to his meals again. He was killed at the age of eighteen months, and to all appearances was in perfect health and thoroughly fat.

## ARTICLE III.

*Saururus Cernuus.* By D. L. PHARES, A. M., M. D., of  
Newtonia, Mi.

This plant has a perennial rhizoma about three lines in diameter, one to three feet long, creeping horizontally an inch or two beneath the surface of the earth, jointed, white, tender, flexible; the internodes two to six inches long; annual stems nearly as thick as the rhizoma, one or two feet high, erect, jointed with long internodes; leaves alternate, petioled, with sheathing stipules, cordate-ovate, oblong-ovate, acuminate; spikes white, terminal, three to six inches long, nodding at apex; flowers without calyx, or corolla, white, numerous, each from the axil of a small bract, appearing in May; stamens four to eight, with long club-shaped filaments; fruit somewhat fleshy, composed of three or four partly united one or two seeded corpels, pointed with as many stigmas.

The plant grows in fresh water marshes throughout the Southern United States. The whole plant is medicinal and has a rather offensive, heavy, slightly aromatic odor and taste. It is lenitive, antispasmodic, sedative, slightly astringent. It has been much used in some parts of the country in regular as well as domestic practice, as a soothing, discutient cataplasm. It has been highly and specially recommended as a remedy to allay pain, and prevent suppuration in mammary inflammation. In these affections I have never employed it; yet I doubt not its value as a cataplasm.

But for ten or twelve years I have employed it very extensively, and with most satisfactory results in the treatment of irritations and inflammations of the kidneys, bladder, prostate gland, urethra and epididymis. It is specially indicated in all cases attended with strangury, or ardor urinæ; and when freely exhibited in warm infusion, very promptly removes the unpleasant symptoms. It is a valuable pallia-

tive in gonorrhœa and chordee; and a good vehicle for, and adjuvant to other remedies addressed to the genital urinary organs. It is not offensive to the stomach, and consequently is rarely rejected, even, when that organ is in an irritable condition; it tends rather to allay the irritation.

I would venture the suggestion, that this plant might be advantageously employed in treating some affections of the vagina, uterus and ovaries, both constitutionally, and in the former two locally. I think it might be used also beneficially in certain conditions of the nasal passages, fances, trachea, bronchia, &c.

In some parts of the country where I have introduced its use, it has become so popular, that whole plantations of it have been exhausted. A strong, hot infusion of the plant, crushed, whether dry or recent, is made. Of this, the patient may take from one to four ounces, every quarter or half hour; or only three or four times a day, according to the urgency of the symptoms or particular object had in view in its exhibition. It may often be substituted for buchu or uva ursi leaves, and in many cases, is much superior to either.

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#### ARTICLE IV.

*Cases of Induration in the Corpus-Cavernosum.* By H. V. M. MILLER, M. D., Prof. of Obstetrics in Atlanta Medical College.

Subjoined is a brief account of three cases of an interesting lesion of the corpus-cavernosum.

It is probably of rare occurrence, since these are the only

cases which the writer has observed in many years of practice. Books, it is believed, contain no information in regard to it; and none of the medical men to whom it has been mentioned remember to have noticed it.

A gentleman greatly distinguished as a jurist and a wit, complained of some alteration of the structure of his penis, which he feared and was advised might be incipient cancer. Upon examination, a small induration could be felt on the dorsum of the penis imbedded in the substance of the corpus-cavernosum. The induration, when compressed with the finger, appeared to be about an inch in length, and of half that breadth; there was no elevation of the surface; the skin moved freely over the indurated part; there was no increase of heat and no tenderness when the organ was flaccid; but the erections were more or less painful, as they were more or less complete, and always accompanied by an upward curvature of the organ. It was bent in the opposite direction to what takes place in chordee, and at a sharper angle, and to such an extent as seriously to interfere with copulation. The gentleman was more than sixty years old, had not had gonorrhœa at any period of his life, and though at that time a widower, had lived forty years in wedlock, and could not remember that he had received any local injury of the part. There was no reason to suppose that the induration was malignant; but in view of the age of the patient, it was thought more probable that the erectile tissue, of which the corpus-cavernosum in part consists, had so lost its contractility, that the accumulated blood on which the erection depends, had not been properly expelled from the cavernous cells in which it had been effused when the orgasm had subsided. This being repeated from time to time, the fibrine of the blood had finally coagulated, become organized, and glued together some of the cells, thus rendering that portion of the organ incapable of distention, and consequently of participation in the erection, so that when the unaffected cells became filled with blood, there was necessarily curvature

upwards, as it occurs in the opposite direction in chordee. The difference between the two conditions being, that in the latter the effusion occurs in the corpus spongiosum, and is the result of acute inflammation, while in the former a different structure was affected without preceding inflammatory action, or, if any, of a chronic character. Acting upon this hypothesis, tincture of iodine was penciled upon the penis, alterative doses of mercury given for a few weeks, followed by iodide of potassium for several months, in the hope that the effused fibrine might be dissolved and absorbed, and the discussion of the induration thus secured. Happily, these results followed: the tumor became gradually smaller, and the curvature on erection less noticeable.

The gentleman subsequently married, and nothing more was heard of the case.

The second example occurred in a man also advanced in life, probably sixty years old, many years married, but boasting no perfect fidelity to the nuptial vow. Once or twice in his life he had contracted gonorrhœa, but not within the last ten years.

The induration in his case was situated about midway between the symphysis of the pubis and the glans penis, but not centrally upon the dorsum: it was confined to one lateral half of the penis; the skin moved freely above it; there was slight elevation of the surface; and it felt, when compressed, like a hard oval body about the size of a large filbert, imbedded in the substance of the corpus-cavernosum. When erections came on, the curvature was not directly upwards, but more laterally, and, to a considerable extent, rendering copulation difficult and painful by the divergence of the organ from the right line, and also by the pain which occurred at the seat of the induration. He stated that some months previously, he had received a hurt or contusion on the organ, and that the point where the curvature occurred had been tender ever since, and still does not bear compression without suffering.



This case differed from the first in its seat, in its supposed production by violence, and by the evidence of some existing inflammatory action; there seemed, however, no sufficient reason to conclude that there was any real pathological difference, so the same general treatment was recommended, preceding the use of the tincture of iodine by a blister along the dorsum, and after this had healed, the remedies employed were in both cases alike. The termination in this was not so favorable as in the first case. After three or four months assiduous use of the means recommended, the tenderness had disappeared; there was no increase of effusion, but the hardness still remained, and the lateral upward curvature was as marked and annoying as before. The case at this period of its history was lost sight of.

The third instance occurred in a gentleman fifty-three years old, and never married. He has frequently had gonorrhœa, but not within several years of the time when he first noticed the tumors, as he called them, upon his penis. Upon examination, there was found about an inch from the symphysis, on the dorsum of the penis, a flattened induration in the substance of the corpus-cavernosum, apparently about as large as a butter bean. At the distance of an inch behind the glans penis, another could be felt nearly of the same size, but seemingly confined to the left lateral half of the organ. No tenderness was felt in either of them: they gave no trouble whatever when the penis was flaccid; but as often as erections happened, more or less of tension and discomfort was experienced, but no great suffering. They were not preceded by any injury that he remembered, and their formation had been accompanied by no inflammatory symptoms whatever. The distortion of the penis in erection was very remarkable: the portion of it nearest to the body was bent upwards as in the first case above described; but the anterior third of it was drawn quite to one side by a lateral curvature, giving to the entire organ quite an unusual and somewhat ridiculous contour.

If the opinions expressed above of the pathological anatomy of this lesion be correct, this peculiar shape of the penis in erection becomes quite intelligible: it could assume no other. Upon the correctness of these opinions, has been based whatever of treatment has been attempted in these cases—apparently successful in the first, and but partially so in the second; though it is to be remembered that the means employed, had not been used sufficiently long to determine that they would not ultimately have succeeded. Fibrinous effusions in other parts of the body where they become organized are of difficult solution, and it often requires many month's use of any of the alteratives at our command, to secure this result. The third case is still under treatment, and its termination of course, conjectural.

It will be remarked, that all these patients were men advanced in life, and in none of them could the metamorphosis of tissue be fairly attributed to existing or preceding venereal disease, and in but one of them was any injury of the organ remembered, to which the growth could by possibility be attributed. When it is recollected how much more liable to injury this organ is in the young than in the old, and how common are attacks of venereal diseases at different periods of life, and yet neither as the sequel of one or the other of them, has this peculiar lesion been remarked in a single instance, we are led reasonably to conclude that it does not depend upon either for its formation. A review of the history of all three of the cases justifies the opinion formed upon the examination of the first of them. A knowledge of the structure of the organ, and its physiological action, raises the presumption, that such deposits are likely to occur only in the aged, and though exceedingly rare in them, may be regarded as peculiar to that period of life.

There is no good reason for mistake in the diagnosis of this injury. Still, in the first of the above cases, it was suspected to be cancerous; in the second, it was actually treated

as a stricture of the urethra, though, there was no diminution of the caliber of that opening, and not the slightest difficulty in voiding the urine; in the third case it had been proposed to remove the induration with the knife, and this would probably have been done if there had happened to be but one of them on the organ. It is not easy to perceive how such an operation would be likely to restore the normal condition of the penis: the induration could doubtless be removed, and the wound would heal, but the possibility of perfect erection would at the same time be destroyed.

As it is a disease not likely to terminate fatally, occurring late in life, and productive only of discomfort and annoyance, painful operative procedures, even if they promised success, ought not to be lightly undertaken.

## SELECTIONS.

*Case of Hydrophobia.* By DANIEL T. NELSON, Prof. of Physiology and Histology.

T. P. A., a bright, intelligent boy of 15 years, was bitten by the pet family dog on the morning of Nov. 27th, 1866. The dog had shown signs of illness for several days, was irritable, was frequently biting his tail, which seemed covered with some kind of an eruption at its extremity, whether the cause or result of the biting, not known. Character of the eruption, whether vesicular or pustular, not known. Did not eat well, but took *some* food and *drinks*. Drank water the day he bit the patient. Did not froth at the mouth, or show any unusual symptoms except those mentioned, and these were not considered by the family of any consequence, as the dog had had three such attacks before—one during each of the three previous winters. The only noticeable feature of this attack was the time of its occurrence, earlier than usual in the season. The morning on which he bit the patient, he seemed better, and ate a cracker which he gave him. It was while feeding him with this that he snapped at him, apparently without provocation, inflicted a crescent shaped wound an inch and a half long in the left cheek, extending from the mouth, upwards and outwards, passing through the whole substance of the cheek. From the previous history of the dog, having had three attacks apparently in all respects similar, nothing was thought of the wound at the time. It was simply washed and drawn together by adhesive straps, when it healed kindly.

During the day, after biting the patient, the dog presented no different symptoms, though he was not allowed to enter the house on account of his conduct in the morning. A few days after he was found dead, whether killed or not, not known.

No further trouble of any kind was experienced by the patient from the wound until Tuesday, Feb. 26, 1867, when,

on coming in from play, snow balling, etc., he complained of "not feeling well;" throat a little sore; "that he had taken cold;" headache. Slept pretty well; sleep disturbed by dreams of fighting, etc.

*Wednesday, Feb. 27th.*—Did not get up in the morning; sleepy; no appetite; thirsty; drank lemonade freely; throat no better.

A homœopathic physician was called, who is said to have treated him for diphtheria. About 12, midnight, began to complain of an uneasy feeling—a pricking sensation—about the cicatrix on the cheek. About the same time, also, slight convulsive movements were noticed in the voluntary muscles. Did not sleep.

*Thursday morning, Feb. 28th.*—Convulsive movements more decided, and easily excited; occur spontaneously every hour, increasing in severity and frequency during the morning. Some difficulty in swallowing; speaks rapidly and loud, (latter, perhaps, on account of slight deafness of mother.)

*February 28, 3 P. M.*—I first saw the patient; found him sane, but restless; eyes rather wild and staring; pupil somewhat dilated; tongue slightly furred; protruded spasmodically, and with difficulty; respiration labored; pulse quick; sufficient strength; heart's action accelerated; fluttering; face flushed; countenance excited; skin moist, natural; extremities extended, or moving spasmodically; cannot speak on account of spasmodic action of laryngeal muscles; complains of sense of suffocation in throat and chest; want of sleep and thirst; water and all fluids immediately rejected by sudden and powerful contraction of muscles of throat and chest; ice and all solids spasmodically seized by the mouth, and at length swallowed, but with difficulty. Any attempts at moving the body, swallowing fluids, or speaking, produce tetanic spasms of most of the voluntary muscles; opisthotonos, with strongest convulsions; bowels moved Tuesday; urine passed. Thursday, P. M., 3 o'clock.

*Treatment, 3.15 P. M.*—Atropine, gr. 1-25. 3.30 P. M. Applied ice bag to whole length of spine. 3.45 P. M. Feels better; swallows solids, and breathes with less difficulty; had infus. tobacco made, 3 iij. to Oj., and boiled to 3 viij. 4 P. M.—Atropine, gr. 1-50, infus. tobacco, 3 ij., made into bolus, with common flour; swallowed without much difficulty; ice as desired. 4.30 P. M.—Convulsive movements again on the slightest exertion, but not so strong.

Atropine, gr. 1-50; too restless to keep ice bag to spine; pupils well from atropine; delirium; face more flushed and eyes injected; breathes easy, and talks freely; desires to leave the room. 5 P. M.—Infus. tobacco 3 ss., in bolus; vomited; ordered to be kept quiet. 5.30 P. M.—Henry M. Lyman, M. D., called in counsel; delirium; more quiet; pupils well dilated; pulse 130, and losing strength; patient seems exhausted; lies upon back, head thrown back (opisthotonos.) No change in plan of treatment deemed advisable; no light or attendant allowed in the room; perfect quiet enjoined. 7.30 P. M.—Atropine, gr. 1-50. 8.30 P. M.—Atropine, gr. 1-50. 9.30 P. M.—Ol. tobaci gtt. j., instead of infus. on bread pill. 10 P. M.—Failing rapidly; respiration labored; not conscious. 10.30 P. M.—Opisthotonos increasing, as also general convulsions; respiration more labored; white, frothy mucus fills the mouth for the first time; saliva not noticeably increased or changed in character before; chloroform given by inhalation; muscles of chest relax, and respiration more easy; general convulsions also less marked.

Kept sufficiently under its influence to quiet the tetanic spasms until death, 11.30 P. M.; died very quietly. At 11 P. M. the white mucus in the mouth became of a rusty hue.

*Remarks.*—The history of this dog has suggested to my mind the following queries:—(1.) Had this dog had hydrophobia three times before, and recovered, not extending the disease by happening not to bite any one? Or (2) was this a severe attack, proving fatal at last, (as it is not known but the dog died of the disease.) But he did not present many of the supposed symptoms of the disease? Or (3) are there other diseases to which the canine race is liable, during the presence of which the bite of the animal will produce rabies in the human subject?

*Indications for Treatment.*—Without theorizing about the *materia morbi*, several indications for treatment are plainly presented. 1. To quiet the irritability of the nervous system, particularly of the cord. 2. To prevent reflex action. 3. Support the strength. To meet the 1st, the infus. tobacco was given till the ol. tobaci could be procured, nicotina not being in this market.

Tobacco in some form was suggested, from its seeming efficacy in tetanus, which also affects the cord. But how

shall we say it acts? Does it act directly upon the nervous tissue, paralysing it, without particularly affecting others. The ice bag was applied to the spine on the supposition that the cord was hyperæmic, from its excessive irritability, and in this way it was hoped the engorged vessels could be made to contract, and thus the irritability reduced. If this be true, that the cord is in a hyperæmic state, might not several other remedies be used with success—drugs which are said to act upon the muscular coat of the arteries—such as aconite, ergot, turpentine, and perhaps tr. chld. iron and electricity—a strong current—and the bromide of potassium, recently recommended? Does this act in the same way?

Will some or any of these drugs act upon vessels in the cord, and not upon vessels elsewhere?

But the second indication suggested was to prevent reflex action. On the authority of Dr. Brown-Sequard, belladonna in the form of its active principle, atropine, was used. And is its action really like tobacco, to produce paresis of nervous tissue, acting upon both elements of that tissue, or does it act only upon the fibrous motion, and thus prevent the conveyance of impressions? With this in view, Dr. Brown-Sequard advises the removal of an inch or two of the nerve connecting the wound with the cord. The 3d indication was in this case toward its close, difficult to meet, all fluids being rejected by the mouth, and enemas were not tolerated till late, perhaps too late to be of service. Animal broths, and all nutritious and easily digested articles of food, would seem to be indicated, given by the mouth if we can, by the rectum if we must.—*Chicago Medical Examiner.*

### *Ovariectomy.* By S. D. JACKSON, M. D., Chicago, Ill.

Mrs. R., a native of Denmark, aged 28, married, states that when 13 years of age she had a severe attack of rheumatic fever, from which she gradually recovered; at the age of 19 her menses first made their appearance, but have subsequently been quite irregular. Three years ago she was

subject to hemoptyses. Within the past three years she has given birth to two children;—the latter being born in August, 1866,—and notwithstanding that gestation as well as delivery was perfectly normal, yet both children died in less than a month after birth.

Shortly after the last confinement she became subject to more or less constant and severe pains about the right iliac region and loins, the pains extending down the right thigh; she describes these pains as of a "bearing down" nature. When I first saw her, which was in December, 1866, her general health was very much impaired so she could perform her domestic duties only with great difficulty on account of the pains and weakness. My colleague, Dr. Larron, saw her with me at this time, and coincided in the opinion that the difficulty was one of ovarian dropsy; the dullness in the right iliac region was circumscribed, and retained the location irrespective of the patient's position. Examination per vaginam revealed descent of the womb, with considerable retroversion. There was no protrusion of the walls of the vagina, such as will be found in ascites; the os uteri was enlarged, and its surface being excoriated with considerable ropy discharge from the mouth of the os. The uterine sound was easily introduced with its point turned backwards, and, by everting it, the fundus would be raised to its normal position; but on withdrawing the sound it would immediately resume its former situation. Although skeptical as to its beneficial result, I ordered diuretics consisting of infusion of digitalis and nitrate of potash internally, with tincture of iodine locally, and free use of milk as nourishment. She was ordered to stay in bed, use cold hip baths and cold injections into the vagina. She was also ordered a mixture of sulphate of magnesia and iron. As she at this time lived 16 miles in the country, I did not tend her regularly, and saw her again first in the latter part of February, when she moved to this city, at which time the dropsical effusion was increased to considerable extent, so that she was confined to her bed nearly all the time. Her urgent desire was that something might be done in order to relieve her distress, which was daily becoming more and more alarming. I frankly told her the *modus operandi* which in my opinion offered her any chance of relief, namely, paracentesis and ovariectomy, the former as one that was of but little danger and would give her temporary relief; and the latter was very formi-



dable, (perhaps exaggerating the danger somewhat) but if successful would promise a permanent cure. She herself, as well as her husband, unhesitatingly preferred ovariectomy, and requested that I would operate as soon as convenient. My colleague, Dr. Larron, fully concurred with me in these views. I, therefore, in order to prepare her for the operation, ordered liberal diet with tonics, and fixed on the 28th of March as the day for the operation, this being just a fortnight after her last menstruation. Meanwhile the effusion was constantly increasing, and on the morning of the 28th of March the abdomen presented the following measurements; circumference about the umbilicus, 40 inches; distance between ensiform process and symphysis pubis, 21 inches; and between the umbilicus and pubes, 10 inches.

The bladder and rectum evacuated she was chloroformed, and when partially under the influence, removed to an adjoining room, the temperature of which was 85° F., and placed on the operating table, and when fully anæsthetized one fourth gr. morph. sulph. was administered by subcutaneous injection, in order to prolong the effect of the chloroform. At forty minutes past 10 o'clock A. M., I proceeded to operate, assisted by Drs. Larron, Paoli, and Quales. An incision 4 inches long was made in the linea alba, commencing about four inches below the umbilicus and extending to within about 3 inches of the symphysis pubis. The various layers of the abdominal wall (which was very thin) were carefully divided. When the hemorrhage, which was very slight, was controlled, the peritoneal lining was divided, and the cyst presented itself in the opening. In accordance with late English authors, I did not attempt to remove the cyst as a whole, but introduced Spencer Mill's trocar through its walls and withdrew the greater portion of its contents, which consisted of a limpid serous fluid of a greenish color; the cyst, now collapsed, was seized by a pair of forceps, its adhesions to the abdominal wall anteriorly broken up, and by gentle manipulations it was forced out through the opening, when its pedunculated extremity was found attached to the right ovary and adjacent broad ligament. The peduncle was rather short and flattened, being about two inches broad. The attachment to the broad ligament was about one inch from the adjacent part of the uterus, this organ as well as the adjacent parts being perfectly healthy. The parallel clamp was now applied over the peduncle as near the

cyst as possible on account of the shortness of the peduncle. The clamp was screwed sufficiently tight and the cyst removed; (in the time elapsed since the beginning of the operation was 30 m.) There was some oozing of blood at the seat of the adhesions which was controlled by persulphate of iron, torsion, and ice. All coagulas of blood and other foreign substances in the peritoneal cavity were now scrupulously removed, when the wound was closed by four interrupted sutures penetrating through the entire thickness of the abdominal wall; between these three more superficial sutures were applied. The wound was covered with a piece of oiled linen—and the whole of the abdomen painted over with collodion. On section, the peduncle was found to contain a large number of large vessels, but the bleeding was controlled perfectly by the clamps. The divided extremity of the peduncle was saturated with the muriated tincture of iron. The abdomen was covered with several layers of wadding and a broad bandage applied around the whole, and the patient carried back to bed, having remained on the operating table about two hours. The fluid contained in the cyst was not less than 8 gallons; the weight of cyst and contents was 66 pounds. She was ordered port wine *ad libitum* and tincture opium sufficient to control the pains. The pulse was rather weak and the frequency about 100 per minute during the operation; on the evening of the 28th the pulse was 104 per minute, and she complained of some pain in the loins and a desire to urinate without being able to evacuate the contents of the bladder, which had to be drawn off by means of a catheter. She was ordered gtt. xx of laudanum every 6 hours.

*March 29th.* Slept several hours during the night and feels somewhat stronger. Pulse 108 per minute; skin moist and warm; intense thirst. Bladder catheterized; treatment continued.

*March 30th.* Slept pretty well during the night. Pulse 108 per minute; pain about the abdomen diminished; coughs some, and was ordered an expectorant.

*March 31st.* Slept well; pulse 98 per minute; wound united down to the peduncle, slough of the latter black and dry; no signs of peritonitis; sutures removed; liberal diet and port wine *ad libitum*; bladder evacuated by means of catheter, the urine contained considerable mucus.

*April 1st.* Pulse 100 per minute; coughs considerably, feels otherwise comfortable; appetite good.

*April 2d.* Pulse 104 per minute; Cough less troublesome. Injection of cold water into the rectum; no evacuation since the operation was performed. Ordered decoction of cinchona and senega, teaspoonful every 4 hours.

*April 3d.* Spontaneous evacuation from the bowels and bladder; pulse 104 per minute, no tympanites; edges of the wound slightly separated, but only the integument; some swelling and tenderness and pressure about the right iliac region; a slight foetid discharge about the peduncle.

*April 4th.* Pulse 116; no sleep; cough troublesome. Was ordered the following; decoc. cinch. infus. herb digitalis aa 3 iij, potassæ nitrat. and succo liqueret aa 3 ij m&ss. Teaspoonful every 2 hours.

*April 5th.* Rested well during the night, and feels comfortable. Pulse 96 per minute. Clamps removed, peduncle adhered to the edges of the wound.

*April 7th.* Pulse 90 per minute; complains of fever occurring about noon. Ordered quinia sulph gr. v, twice a day.

*April 9th.* No fever. Pulse 72 per minute, and on the whole apparently comfortable. The circumference about the umbilicus 27 inches; distance between ensiform process and symphysis pubis 11½ inches, and between the umbilicus and symphysis pubis 5½ inches.

*April 15th.* Wound entirely closed; permitted to leave the bed.

*April 21st.* Complains of transient pains about the loins.

*April 22d.* Gradually improving; evidence of approaching menstruation; situation of uterus perfectly normal. Pulse 72 per minute.

*April 25th.* Walks out and must be considered fully recovered; wound entirely healed; no abnormal discharges from the vagina.—*Chicago Medical Journal.*

*Dissertation on the use of Mercury.* Read before the Buffalo Medical Association, by J. R. LATHROP.

Mercury was known to the ancients, and by them employed. Its use, however, was external only, in diseases of the skin and in parasitic affections. The older physicians used it,

but with a salutary dread of the unpleasant results which followed its free employment. For the fact that it caused tremblings, paleness, wasting, and ulcers of the mouth, seems to have been known to Aristotle, and the Arabians in addition seemed to have been acquainted with its property of salivation. Europeans much later learned the use of it from the Moors of Spain and the Saracens during the Crusades, but then only externally or by fumigation. Later its powers in syphilis made it more generally known. Syphilis was attended with skin affections, and the fact probably led to a knowledge of its virtues as a special curative agent in this disease. This special curative action of mercury does not appear to me to be one of the fallacies of experience, but is entitled to have the sway of an actual fact. This I do not propose to question.

The internal use of mercury had its introduction if not its origin chiefly from Paracelsus and his followers, but still mainly confined to syphilis. Gradually its use was extended to other diseases. For we find it proposed and employed in inflammatory diseases, fevers, scrofula and induration, though there was not an agreement as to its benefits in all. By some it was extravagantly praised. Thus Belloste, writing in 1692, speaks of it as "one of nature's miracles and a most rare gift of Providence." By others it was styled the Sampson of *Materia Medica*. In modern times it has become a somewhat shorn Sampson.

Richter declared that the gradual extension of its use rested "far more upon a direct experience of its virtues than upon the scientific and often plausible theories invented to explain its operation, and which led to gross errors in practice." If this statement could be fully accepted and we could believe that its use had always been, or now always is, founded upon "direct experience of its virtues," the various uses of the remedy could not be called in question, and we should have less frequent occasion in its abuse, to regret that the earlier and simpler belief of its powers has not been maintained to the present. It is somewhat strange that upon the point of its absorption, a fact now so unquestioned, there should have been any difference of opinion. For upon this fact depend nearly all the actions which have been ascribed to it; at least all of those actions which have been considered its special and most important ones. Yet Dr. Physick, in his time, wrote an essay to prove that it was not absorbed,

but acted sympathetically. An instance of the misleading of theory, full of wholesome instruction.

Of a kindred nature was the theory that its salivary action must be carried to a great extent in order that its full benefits should be obtained. Boerhave caused his patients to spit three or four pounds in twenty-four hours, and Turner declared two or three quarts "a good and sufficient discharge;" and these undoubtedly were to them the lessons of experience. To this test also of experience could be referred that custom formerly so prevalent of subjecting all cases of fever to a salivation greater or less as essential, and an indication of recovery. The cases in which this action could not be induced were observed to be mostly fatal. The explanation, however, of this observed action, is now well enough known to be very different, and both the indication and the practice to be without value.

Pereira classes mercury among spanæmics or medicines that promote secretion and exhalation generally, soften and loosen textures, check phlegmonous inflammation, lessen inflammatory effusions, and promote their re-absorption. As he expresses it more formally, "in my opinion mercury is an alterative and a liquefacient spanæmic." A good many of the above actions can be covered by the term alterative, and probably the definition is extensive enough to pretty well include modern ideas upon this action. We are well aware that the term alterative is made to cover a wide therapeutic ground, and would have a long list, if he should write down the particular diseases in which the alterative action of mercury is sought for.

Whether mercury has all the properties above attributed to it, or not, I shall not now undertake to enquire. That some of the secretions are increased, in the face of the many cases in which an increased flow of saliva is perceptible to eyes even disposed to see what they look for, cannot be denied. As to its influence over secretion, it may also be safely said that its purgative action is in some way connected with this influence, either as cause or effect. It increases the secretion of the pancreas without doubt. It is probably true that it increases the secretion of the follicles of the intestines, and it may be, thus acts as a purgative; though most of its purgative influence is believed to depend upon its special action upon the liver, promoting a greater flow of bile, and thereby aiding or causing catharsis. Whether this belief is

well founded is to some a matter of doubt, but of its purgative action, and through this, highly beneficial action, there can be no question. Whether it is specially as a beneficial purgative, or better than many, or any other purgative, depends very much on the belief of the practitioner who uses it. But while one may express a doubt whether its special benefits as a purgative, rest upon a secure foundation of observation, there can be no doubt that in many cases its purgative action is followed by most marked relief in certain cases.

In what has been said above, no definite distinction has been kept in view between secretion and excretion. The latter as well as the former we know, has many important and essential offices in the healthy working of the organs and functions of the body. Both, it may be admitted, are influenced if not specially, yet influenced by the action of mercury. Which effect is the most important it is not my purpose now to undertake to set forth. This is only alluded to in connection with the reputed action of mercury to cause absorption of fluids from the cavities. By whichever process, secretion or excretion, it is mostly effected, there have been few to doubt that the action is a real one and well established by facts.

It has been attributed to increased activity of the absorbents. On the other hand Headland thinks that mercury favors absorption and counteracts effusion, by its impoverishing effects on the blood, thereby weakening the force of the heart and diminishing the pressure on the blood-vessels. This is mainly an effect upon nutrition. But at present the fact is more important than the theory, and in view of all experience upon the subject, it may be questioned whether the fact exists. At least whether mercury as we would now a-days give it, is a helpful agent in the process. Of course effusions have various causes, as for instance mechanical, which unfit them to be acted upon by mercury, but the favorable causes do not exhibit always its expected benefits. The action of mercury in excess, as inhaling vapors habitually, causes wastings and disappearance of effusions, but the same is true of cholera, and what is a sufficient explanation of the latter, would not satisfy the accepted theory of action of the former. But as this opens too broad a field of inquiry, for the present time, I will limit myself to the examination of two, according to generally accepted doctrines, most prominent actions of mercury, viz: its cholagogue and its anti-plastic properties.

The power of mercury to increase the secretion of bile has been thought to be too certain, to be questioned. The practice of a large number of physicians is based upon that supposed fact. Torpor of the liver, in certain conditions of illness, either as cause or consequence, or as a concomitant, has been assumed to exist, as a *definite functional derangement*, almost capable of demonstration. This taken for granted, a mercurial in larger or smaller doses has been deemed necessary, stimulating the faulty organ to its proper duty. The practice is based upon belief of the fact. It is not merely a belief that mercury increases all secretion, the bile among others, but that it acts in a special manner on the liver. Thus we find Dr. Wilson Philip writing: "Mercury has a special operation on the liver—a power not merely of exciting its functions, but of correcting the various derangement of that function, in a way which it does not possess with respect to any other organ, and which no other medicine possesses with respect to the liver." Perhaps there would be many who would not think that there were any facts to warrant so broad a statement; but yet, I think, it must be conceded that the number would be large to whom this special action of mercury in some dose would have the way of an actual fact. As to the *method* by which this action is produced the agreement would be less general. Various theories of action have been proposed.

Some assume that it makes the bile more liquid, and thus promotes its flow; others that it directly stimulates the secreting cells of the liver; and still others that it liquifies the secretion of the bile duct, and thus favors the discharge. The second, viz: direct action on the liver itself, is the commonly accepted method. But as before said, the belief accepted, upon what proofs does it rest? I suppose in the first place, most would say, experience proves it. Jaundice and enlargement of the liver, have more rapidly disappeared when it has been used, besides the discharges themselves have been evidence of this action. Bile has appeared abundantly in the faecal evacuations after its use. This has been indicated by a change of color—in some cases a green, in others a dark color, being the indication of its presence. This is more especially convincing if just before, the stools were clayey, or, as commonly stated, free from bile. But this matter of color is less convincing, if the green color is due, as Dr. Thudicum and others assert, to an actual change in

mercury itself, that is, becoming a sub-sulphide; or if the dark color is in all cases derived from the colon, as Dr. Inman believes. The latter from observation feels warranted in saying that the intestinal contents are never dark brown, or even deep yellow, but whitish, prior to their passage through the ileo-cæcal valve. In the colon, they get their brown fecal hue. Clayey stools are not then a proof that the secretion of bile is arrested, but that the colon is functionally disturbed; and moreover, in deep jaundice, when no bile flows into the intestine, the stools are often dark. If dark stools succeed clayey, after a dose of mercurial, so they do after other purgatives, and even without purgatives; and if they prove anything, prove as well that mercury like other purgatives acts upon the colon, as that it acts upon the liver. Dr. Thudicum however, though he admits that cholochrome, or the coloring matter of bile, appears in healthy faeces, still denies that mercury increases the amount of bile, rather that it diminishes it. This opinion he puts forth based upon the experiments of Mosler, Scott, Nasse, Kölliker, and Müller, who found that by calomel the bile was diminished. It is true that the experiments were made upon dogs, and the doses purgative. But inasmuch as other drugs have not acted differently on dogs and men, it may be inferred mercury would not; and though the doses were purgative, the faith in the cholagogue action of the mercury, has not been limited to small doses, but has been equally great in all doses; so that if large doses are found to fail, small would be as likely to. It may be said that mercury may not increase the secretion of bile in a healthy, but it will do so in a diseased state of the liver. This argument will not apply to other organs. Diseased kidneys are not acted upon by medicines which are inoperative in health. Some such idea has been held, for Chapman says that free use of mercury may derange the liver—meaning I suppose a healthy one—and produce icterose affections, and Cheyne says that mercurials produce jaundice. Thus the agent which cures jaundice and enlargement of the liver, may cause them; not upon any homœopathic theory, but upon the theory of over-stimulation. Due allowance must be made, when mercury fails in jaundice, for the cases which arise from obstruction of the ducts and not from any fault in the secreting power of the liver, and thus not expect of it what it cannot reasonably be expected to accomplish.



After what has been said upon this branch of the subject, I think the action of mercury to increase the secretion of bile may be called in question. In reply to the statement that very decided relief does follow mercury, in disorders of the liver, either without or with general disorder, I might say that it could as well be got by any other purgative as active; and therefore at less cost. But the belief that mercury acts upon the liver is not confined to large doses. Small doses, frequently repeated, are believed to have the same action. This of course is founded upon experience and facts, as to jaundice, enlargements, and color of stools; like those which bear upon large, which have been noticed.

The second question in relation to mercury is, does it possess such antiplastic power as to give it a control over inflammation; i. e. to limit or to remove its products? If we read most works on practice, and works which treat of inflammation of special organs, we shall find mercury about the first remedy proposed. In inflammation of the brain it has been deemed essential; likewise in acute inflammation of the lungs, bowels, and by many, of the liver in some stages. In inflammation of serous membranes it is used to prevent adhesion, or effusion; in mucous membranes to prevent or soften exudations. Upon what theoretical grounds has this been accepted? I will pass over the various hypothesis of its action, and state what is observed. When mercury has been taken for a long time internally, or when men or animals have been much exposed to its influence, certain conditions are observed to arise, which seem to depend upon some change in the blood. The tissues become soft, new formations disappear, healed wounds open. There is paleness, wasting and cedema; all, signs of impoverished blood. In other words, the blood is supposed to have lost a portion of its solid constituents, so that the amount is less than normal. It has therefore an unwonted fluidity and tends to escape; bleeding being common and sometimes excessive. These changes indicate a diminution of the material which is in excess in inflammation, and which furnishes the exudations observed as a result of it. It seems then pretty clear that, if mercury has the power to diminish the amount of the solid matter of the blood, *when they are normal*, it will equally diminish them when the amount is in excess, and thus prevent the admitted change produced by inflammation as a result of this excess of fibrin, viz: exudation upon

membranes, or into the tissues of the solid organs. On the other hand, it equally by this very aplastic power, aids in the removal of those products of inflammation when once they are formed. For if by continued use it impairs the coagulability of the blood, and causes wasting of the solids of the *normal body*, it certainly seems highly probable that the *feebly* organized exudations of inflammation will give way before it. This argument is equally applicable to indurations and adventitious growths, such as tumors; being less highly organized than the normal structures, they must yield to a power that can act upon the higher formation. Such theoretical reasoning is more plausible than sounds. For on the other hand it has been asserted, and it is without doubt true, that mercury has itself given rise to *plastic formations*. Equally plausible explanations on theoretical grounds can be given to account for it. Plastic formations are caused by fibrinous exudation, but for this last, it is not necessary that there should be an absolute excess of fibrin in the blood; proportionate excess is equally productive. This proportionate excess occurs when from any circumstance the number of red globules is diminished. The paleness observed in those who have taken mercury for any time, has certainly a very close resemblance to the pallor of anæmia, and hence seems to warrant the inference that in them there is a diminution of the number of red globules of the blood, and a relative increase of fibrin. The buffy coat which is so much relied upon as proof of the inflammatory state of the blood, appears equally in the blood of anæmics, and of mercurial anæmics. Hence, as in absolute excess of fibrin, there is ample reason to look for plastic formations. If we pursue the theoretical statement to its legitimate conclusion, there are equally good theoretical reasons for believing that mercury may *remove* fibrinous exudations; and *cause* then. Moreover some slight inference in the same direction, may be drawn from the fact that mercury is a cause of a disturbance of the system, if not inflammatory, at least of a febrile character, which is ordinarily supposed to add inflammatory elements to the blood. Thus, in whatever way we approach the subject *theoretically*, we find that the aplastic action of mercury is hard to establish by any rational explanation. If, however, we cannot tell the *how*, I presume there are enough who will not believe the fact—or I should say the assumed fact—for nothing is a fact till it is indubitable.

But wherever *theory* may lead us, and whatever difficulties it may throw over the matter, *experience* is confidently appealed to. In the settlement of a therapeutic question, we can very seldom arrive at a certainty, i. e. we can not demonstrate it as we can a geometrical problem. The beliefs of careful and candid observers must then be allowed to influence the question, for those beliefs have the best foundation possible in the case, viz: experience. Dr. Latham probably expresses the convictions entertained by a great many physicians, accounted men of correct judgment, when he says, speaking of the treatment of acute affections of the brain, lungs, pleura, peritoneum, etc., "mercury does not supercede blood-letting; but aids its antiphlogistic powers, and yet spares its amount." The meaning of which is, that mercury aids bleeding or may serve as a substitute for it, in cases where it would not be deemed advisable. We might say that experience has convinced men that mercury is in its action more *destructive* than *constructive*, and when its destructive action is sought, it is in cases where a morbid product is to be got rid of.

In most instances, the argument from experience has been drawn from results not perceptible to the eye. In most cases men have not seen the process of removal. Acute diseases which end often in effusions, adhesions, contractions, and indurations, interfering with the proper movements and functions of organs, have, when treated by mercury, less frequently terminated with such results. Therefore it was maintained that the exudation at the bottom of such results, was prevented, or removed by the aplastic power of mercury. But in the single instance of iritis, the course of things was plain to the eye. In that disease the disappearance of plastic material poured into and upon the delicate structure of the iris could be watched, and the accelerating influence of mercury on the process, was supposed to be clearly visible. Men saw in this more even than the *hastening of removal*; they saw also the *limiting* power of mercury. The deposit was made less by it. Hence it was essential, and without it the worst results would follow. Therefore no man dared leave mercury out of the treatment of iritis; and because the exudation was retarded or removed, and the worst results prevented, no question was raised as to the action. But Dr. Williams had the courage to treat a number of cases without mercury, and found that the results were about

the same as to the amount of exudation, time of disappearance, and permanent effect upon the iris.

These cases are important, inasmuch as they call in question experience, and show how much it has been looking for results, rather than waiting for them. In other words, seeing what it was supposed would happen, rather than what actually did take place. And yet experience must not be thought valueless, with all its fallacies, for after all it is the best ground we have. If experience cannot settle these questions they will remain unsettled. How much it has to do, may be inferred from the fact that it has been thought to have established the truth of much that is now known to be error. The homœopathist appeals as confidently to experience as any one. He says, you may show the homœopathic theory to be groundless, and the infinitesimal theory absurd, but in practice the system is a success, i. e. experience shows it. Experience rightly interpreted shows no such thing. How, rightly to read experience is indeed a great matter, requiring the finest powers of mind, and an immense number of instances. But with all its difficulties, it is the best means we have, and we must give the beliefs of the best minds, drawn from experience, the greatest weight in the decision of many questions.

I have in this paper meant to be understood to entertain doubt about the cholagogue action of mercury as a special action. I have meant also to express my almost total unbelief in its possession of aplastic powers, and my equal unbelief in its *usefulness*, from any such property, if it has it, in inflammation. I acknowledge its advantages as a purgative. I admit its power over secretion, especially the salivary. It acts powerfully, apparently on the glandular system. It cures syphilis, I am fully persuaded. I know of no theory of its actions which will explain them. I would not deride experience, only protest against hasty conclusions and wrong interpretations of it. No more harm can come from skepticism than from such extravagant statements of its power, as this, by an English physician, Dr. Martin, editor of Dr. Johnson's work on tropical climates. Speaking of its action in diseases of the liver, he says: "It is in fact by this very double action of purging and increasing the secretion at the same time, that calomel relieves the loaded and inactive vessels of the diseased gland, not to speak of the other acknowledged physiological influences of the mineral, such as

its increase of all the secretions and excretions of the body; its influence on the capillary circulation; its febrifuge effect; the peculiar specific power attributed to it by physicians and surgeons as an antagonist to inflammations, whether general or local; its stimulant power over the absorbent functions; its power of unloading at the same time that it gives a new impulse to the vascular system; its *peculiar* power in removing viscid and tenacious intestinal secretions; its antiphlogistic, solvent, and alterative effects on the blood;—these are the actions and uses ascribed to mercury by the ablest British practitioners and authors, and they are such as to place this remedy second only in importance to blood-letting. I think the ablest American would hardly go as far as the ablest British practitioners are thus said to go. French and German practitioners are rather inclined to skepticism on the subject, and think the English and American physicians given over to extreme confidence. Yet Trousseau rebukes their incredulity, and says, there must be good ground for the confidence felt in the antiphlogistic power of mercury, and laments the prejudice of his countrymen against this “heroic remedy.” That I run counter to the belief of many in what I have said, I am fully aware.

But as to the value of mercury in many important acute inflammations, there is a difference among the best authors. To instance a few: In pericarditis, when acute, Graves says, and Stokes agrees, our best efforts will be unavailing, “unless they be succeeded by a speedy mercurialization of the system.” But Dr. Markham says, “The actual influence which the remedy possesses over the disease has yet to be shown.” Dr. Flint says that experience has prepared him to take a decided position in opposition to the importance of this measure. Fuller has seen pericarditis come on during salivation, and therefore is not a believer in its power to cure. The real value of mercury in endo-carditis has yet to be shown, though many think it safer to use than to withhold it. Dr. Walshe considered mercurialization in acute pleurisy not inferior to bleeding; but many good physicians cannot see the need or advantage of either. While Gooch, Velpeau, Churchill, and others think mercury necessary in peritonitis, Dr. Meigs rejects it, trusting to bleeding; and Canstatt thinks mercury as useless as bleeding. I think we could find practitioners here who would agree with the last. In pneumonia, while English physicians generally think mercury

essential, Grisolle says he would not venture to employ it; and Flint has never had reason to be dissatisfied with its disuse. I might continue citations from other sources, but as I have already occupied too much time and tried your patience, I will bring the paper to a close with the remark, that I am as anxious as any one to learn what experience does really teach, and to follow the leading of truth, ascertained truth, let it lead where it will.

At the conclusion of the reading of the paper, Dr. Gay moved that the thanks of the Association be tendered to Dr. Lothrop for his able and interesting paper. The vote was unanimous in the affirmative.

Dr. Rochester remarked that he had listened with interest to the paper just read, and did not arise to make any point or enter into an extended discussion of the subject, but must differ with Dr. L. in regard to one or two points. I think we should not be guided in regard to the action of mercury upon the human system by its action upon the systems of lower animals. Their organizations are so different and varied that the results are unreliable and may lead us astray. I cannot agree with the statement that the fecal matter in the small intestines is not changed in color by the use of mercury. I have seen fecal matter in the small intestine that was not of a light color. I have found the same matter in the gall bladder and in the small intestine. Dr. Williams is an enthusiast, and his statements in regard to the treatment of iritis are not altogether reliable. I have myself tried to treat iritis without mercury, but have never succeeded as well as with it. Thorough examination and criticism is just and proper, but we must not go too far. Am much pleased with the paper and the fair manner in which the subject has been treated.

Dr. Strong said he was much interested in the paper which Dr. Lothrop had read before us. It seemed to be a very candid and philosophical resume of the historical state of mercury. Not to dwell upon the theories of its mode of operation on the specific organs and functions on which its powers are exerted, the history of therapeutical use of mercury to my mind furnishes an eminent illustration of the evil consequences of *hobby-riding*. I suppose there will be but little dissent to this proposition, as it bears upon the old heresies when nothing valuable was recognized in its effects in alleviating disease unless and until a free salivation was in-

duced,—salivation being the measure and test of its value and the object aimed at. I suppose nearly all will admit now that the hobby-riding in this direction, to this extent, was rather a reckless feat. But as in everything else human, so in medicine—one extreme follows another. In this case, however, with the modification, (as frequently happens) that the extreme not only follows, but is distinctly begotten by the other. A medicine of such marked and peculiar potency could not be too freely and on too slight occasions used without producing undesirable if not pernicious results. These results would naturally excite prejudice, and prejudice naturally impairs vision, and with impaired mental vision we fail to see not only no good in its excessive and indiscreet use, but gradually come to distrust it, and then to discard it altogether. These results have been reached by some authors and many practitioners. So that from being prescribed oftener perhaps than any one article of the materia medica, it has become not uncommon to read and to hear of its powers to control and obviate disease as being questionable or wholly ignored. *In medias res* seems to be especially appropriate in reference to the powers of mercury.

Instead of salivation furnishing any test of its virtues and to be desired, intelligent observations make it almost certain that all of its good qualities and its efficacy in treating disease may be secured without the least necessity of causing salivation. As to the testimony of authors in regard to it as quoted by Dr. L., I suppose few American practitioners are in the habit of deferring very much to the French in questions pertaining to our practical reasons in the treatment of disease. Unsurpassed, perhaps unequaled in physiology and pathological research, they seem to fail in the practical talent for combating disease by medication. As to another esteemed authority referred to as against the use of this article, I have sometimes feared that notwithstanding his general freedom from prejudice, or anything uncandid, (and in this respect I regard him generally as a model,) he has allowed his horror or disgust at the shocking abuse of mercurial preparations in certain cases to carry him to the other extreme of ignoring its positive merits in the alleviation and control of certain forms and phases of morbid processes. Now I think that some distinction needs to be made in the discussion of the merits of mercury. In a few

diseases it may be said to be essential to their successful treatment. In a larger number, while it may not be absolutely essential to final recovery; that is to say, patients may recover without it, yet mercury in some form is by far the most eligible remedy known to us. Or in other words, by a judicious use of mercury, at the right moment, the recovery may be materially accelerated, and thus organic and functional lesions may be avoided. I suppose that good practice consists not alone in conducting our patient successfully through their sickness, but taking them by the shortest route, and the medicine or means that do just that, is the most eligible. I believe it to be entirely demonstrable that mercury has been and can be made to control certain affections whose ultimate limit without it would be a matter of months instead of weeks. Still other cases that without it would last week after week, that by its use may be cured in as many days. And it seems to me that no amount of ingenuity of argument deduced from its excessive to common or indiscreet use, ought for a moment to prejudice us against it.

Dr. Jansen remarked that he agreed with Dr. Rochester in the treatment of iritis. Have treated a great many cases of syphilitic iritis and always with mercury. Have seen three cases treated without it with total loss of sight in every case.

Dr. White remarked that he did not arise to take any part in the discussion or to dissent from the conclusions arrived at, but to correct an error that *may* be sent abroad by what has been said in regard to the practice of the profession in Buffalo. The battle against the too liberal and indiscriminate use of mercury was fought and won twenty years ago. With all my experience home and abroad, I make the broad assertion that there is less calomel given in Buffalo than in any of the other cities. Twenty years ago we carried the matter too far, and gave too little. In our attempts at reform we must not go too far.

Dr. Gay remarked that he did not feel like permitting the discussion to close without giving expression to his appreciation of the value of the paper read by Dr. Lothrop. Under the first heading the doctor has introduced the American theory of the action of mercury without, as I understand, advocating the theory itself. The remarks of Dr. Rochester upon this branch of the subject are timely and



weighty, and although I could add further proof of the fallacy of the theory, I will not occupy the time necessary.

Would say a word in reference to the other topic touched upon in the paper and in the discussion, viz: the use of mercury as an aplastic. For convenience medicine might be divided into two periods of twenty years each, more or less—the mercurial and the anti-mercurial periods. Dr. White has passed through the former and is far advanced in the latter period, and has given his testimony to the great change wrought in the administration of mercury during this period of time. We may justly infer from his remarks that the day is past for the administration of mercury for aplastic properties. I had long labored under the conviction that the action of mercury upon a serous membrane when given largely to children, (and no person will doubt that during the mercurial period mercury was given to children to excess, because of the difficulty of causing ptyalism,) and also the action of mercury upon serous membranes when given to adults to the point of salivation was deleterious, and would impart to those serous structures a lesion which would be felt in after life. If it be not a popular error, it is at least a popular belief that sometimes acute and chronic arthritis are in some way chargeable to mercurialization. Should there be any measure of truth in this popular belief that mercury has been an agent of destruction or injury to membranous coverings of the joints, who is able to estimate the amount of structural change produced directly by the same agency in the membranous covering of the heart, or indirectly the heart itself? Again should there be any measure of truth in such popular belief, then be assured that the injuries inflicted in childhood and manifested in adult life are but the ingathering of the harvest springing up from seed sown during the mercurial period.

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### *Paralysis of the Pneumogastric Nerve.*

Prof. Wolff, of Berlin, narrates the following interesting case, as an appendix to a lengthy paper on defective innervation of the heart. The paper is published in the *Deutsche Klinik*, of October 23, 1866.

General von S., a friend of the deceased, aged 68, otherwise robust, had for about a year complained of an annoying pain in the occiput, periodically occurring, and which required the head to be supported; when, on a sudden, he was seized with symptoms which could only be accounted for by the assumption of a beginning paralysis of the par vagum. The three functions over which these nerves preside were simultaneously and equally affected; the appetite gave way entirely, and during the two weeks that illness lasted, could not by any means whatever be restored. With great reluctance, the patient contrived, in submission to medical order, to swallow a small quantity of food or beverage. The respiration slackened more and more; and on one of his last days, there were counted forty-four seconds between two respirations. *Pari passu* declined the movements of the heart. As its impulse and sounds grew feebler, so the pulse vanished in the extremities, and at length could no more be felt in the crural and radial arteries. During the two last days of life, it was by the stethoscope only that a faint vibration of the heart could be perceived. Along with the pulse went also the warmth of the extremities. 'However, gangrene of the feet did not ensue; the occurrence of which I had occasion to observe (together with Drs. Romberg and Riese) about the same time in a patient who succumbed to fatty disease of the heart, and in whose case the pulse and temperature had likewise fallen off in the low extremities during the last days of his life.' Death, when ensued at the commencement of the third week of illness, while the patient remained conscious to his last breath, was in the true sense of the word an 'extinction' of life. The criminal cavity was not allowed to be opened."—*British Medical Journal*.

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*The London Infirmary for Epilepsy and Paralysis.* Cases of Epilepsy with Complications; Remarks upon Treatment. Under the care of Dr. ALTHAUS.

There are certain complications of epilepsy which have hitherto escaped the attention of pathologists, although they appear to be by no means rare, and have an influence upon the progress of the cases in which they may happen to be

present, inasmuch as their neglect may defeat our other therapeutical efforts, however perseveringly followed. Amongst these complications, Dr. Althaus, in some remarks about the etiology and progress of epilepsy, mentioned chiefly the occurrence of *hay fever* and of congenital *phimosis* in males.

Hay fever has a form of catarrh in which the symptoms of spasm predominated over that of inflammation, and which was mainly due to irritation of the sentient nerves of the respiratory tract, consequent upon the inhalation of the gases arising from fresh grass and hay. The nerves suffered more in this disorder than the mucous membrane, for there were often fits of sneezing which lasted for an hour or more with scarcely any interruption, and such urgent dyspnoea as could not be explained merely by the slight catarrhal affection of the air-passages. Hay fever was in nowise a dangerous disorder, but tended considerably to irritate and lower the tone of the nervous centres; and if it appeared in an epileptic patient, it almost always meant mischief, aggravating the attacks if such still occurred, and predisposing to relapses where the attacks had been put down. Being an essentially spasmodic disorder, it was best treated by sedatives, whereby it was generally removed in a very short time. After the symptoms of irritation had subsided, the administration of tonics was usually found necessary.

Sarah S—, aged twenty-eight, single, came under treatment as an out-patient on March 21st, 1866. She has for the last five years suffered from epileptic fits, with prolonged loss of consciousness and severe convulsions. The origin of the fits she attributed to a severe attack of small-pox, which she had in the spring of 1861; and which prostrated her a great deal. She has at present from four to six epileptic fits during the week, some in the day time, and some at night. Those which occur in the day are ushered in by visions of large black specks floating about in the air; a sort of faintness then comes over her, which rapidly passes into unconsciousness and convulsions. When she has a night-fit she generally dreams that she is falling, and on waking finds her tongue severely bitten, and feels bruised in the limbs. Emotions have no influence on the occurrence of these attacks. She sleeps very badly, and has horrible dreams, especially about the dead. She often suffers from headache and giddiness. Appetite indifferent; bowels habitually constive. She

has lost a good deal of flesh lately, and presents a worn and anæmic appearance. She suffers from palpitations of the heart. The catamenia are pretty regular, although pale and scanty; a short time before the period comes on the fits are more frequent and severe.

The patient was put on a course of phosphorus, tincture of henbane, and cod-liver oil, under which the attacks steadily diminish in number and severity. The last occurred on May 7th. Her strength and general appearance were then very much improved, and she went on favorably till June 20th, when she was seized with a sharp attack of hay fever, of which she has been suffering every summer for the last seven or eight years. There was burning in the eyes, catarrh in the nose, a feeling of rawness in the throat, and very considerable dyspnoea. During the day she was obliged to stop in-doors and have the room shaded and the windows closed, but she could go out in the evening.

On July 11th, the patient being then very restless and worn out by fits of sneezing and dyspnoea, an epileptic attack occurred, in the day-time, after a free interval of sixty-four days. On the 12th she had another attack, during the early part of the night. She was very weak and low-spirited. A draught, containing five minims of the dilute hydrocyanic acid and fifteen minims of tincture of Indian hemp, was then given, in muellage, twice a day, and the other medicines were discontinued. The distress from the hay fever was now at once greatly diminished, and after taking the draught for four days it quite ceased. No further epileptic attacks took place; and the patient got quite well again under the use of nerve-tonics.

She was seen on September 26th, being then in excellent health and spirits, and having had nothing to complain of in the interval. It remains to be seen whether the attacks have finally ceased; yet the prejudicial influence of hay fever on the progress of this, as of other similar cases, is obvious.

Congenital phimosis has been observed in eleven out of twenty-five consecutive male cases of epilepsy admitted at the infirmary. That such a frequent complication of epilepsy should hitherto have remained unnoticed can only be explained by the circumstance that epileptic patients seldom come under the eye of surgeons, and that physicians usually neglect to examine the sexual organs. The effects of con-

genial phimosis on the system are usually quite disregarded, although there can be little doubt that this malformation has a considerable pathological importance. There is always an accumulation of sebum between the prepuce and the gland in such cases, and herpes and balanitis may be the consequence. This irritation often leads to great sexual excitement about the period of puberty, and to masturbation, with all its consequent evil effects; frequent emissions of semen at night may also be traced to the same cause. A variety of cerebral symptoms may then be induced, such as pain in the head, giddiness, noises in the ears, eructations, sickness, &c.; which, where they depend only upon this condition, may be entirely removed by circumcision. Whether actual epileptic fits are ever the consequence of phimosis seem doubtful; yet the propriety of the operation in cases of that kind cannot be questioned, as all sources of irritation should, on principle, be removed in convulsive disorders. Several of these cases which were admitted at the infirmary have been operated upon by Mr. Solly and Mr. Spencer Wells. In no instance, however, have the fits ceased immediately, consequent upon the operation; so that a relation as between cause and effect could not have existed between phimosis and epilepsy. Yet, Dr. Althaus said, it generally seemed as if the convulsive disorder, after circumcision in such cases, yielded more readily to the remedies employed than it had done before.—*London Lancet*.

## EDITORIAL AND MISCELLANEOUS

## KENTUCKY.

*Death of Dr. Miller, Dr. Linthicum, and Dr. Cosby.*

We are again at our post, having spent three months in dear old Kentucky; where, after an absence of six years, the noblest hospitalities were extended to us. Every where we met old friends, and every where the most refreshing assurances of good will. God bless the noble old State and her glorious people. But amid the rejoicing incident to a hundred re-unions, there were also causes of sadness. Not a few of our dear old professional brothers and fathers have crossed the shadowy river, and gone to that "bourne from whence no traveler returns." Dr. Wm. Miller, of Madisonville, Kentucky, our friend and preceptor, a man of talents and ability, and who first taught us how to think, died in 1863, aged sixty-nine years. He was a christian gentleman, born and educated in Virginia, but spent his whole professional life in Kentucky, where he ranked among his peers as a medical philosopher of rare attainments. Dr. Rufus K. Linthicum, of Henderson county, Kentucky, our dear friend, and for seven years our partner in the practice of medicine, died in the beginning of 1864. He was a man of marked ability, and so ranked amongst his brethren of the profession—aged fifty-five years. Dr. Garland Cosby, also of Henderson county, Kentucky, died on the 5th of November last. Born in Kentucky, and raised an orphan, without friends or money, he won his way to distinction by his talents and energy alone. He died full of years and

full of honors, aged seventy-six. Each of these gentlemen leave families, and each family has its representative of acknowledged talent and ability. If our earnest good wishes could benefit them, much of the earth and its fullness should be theirs, and none of the moral worth of their excellent fathers lost.

---

### TO OUR PATRONS.

Our patrons will bear with us, when we assure them, that such is the stringency of the times, that we are obliged to ask them for remittances. We do not see how we can meet current expenses unless our friends will come to our rescue.

Our Kentucky and Tennessee subscribers have generally paid in advance, which have relieved us much, and for which we thank them. Knowing the poverty of our Southern friends, who like ourselves, emerged from the war, homeless, and destitute; and knowing their willingness to pay when able to do so, have not often asked them for any thing, and would not now, but for the fact, that necessity drives us to it.

Amid obstacles that seemed insurmountable, we have, for two years, sent the *Atlanta Journal of Medicine and Surgery* to our friends. We have labored night and day to do so, and will continue to do it, come what may.

But we assure them that we have two thousand dollars and more on our books, that has been earned under difficulties that would have appalled the stoutest heart—a sum sufficient to publish the *JOURNAL* for one year. The half of it would make us easy, and our patrons would not feel it. Will they pay half, and when the crops are sold pay the balance? Will our friends remember us?

## HYSTERIA.

The following is an extract from the letter of a subscriber and friend in the country :

"I have a case of hysteria, in regard to which I would be pleased to have your opinion, by letter or through the Journal. A difficulty in breathing is the predominant symptom. She is thirty-three years old, has had five children, and has been laboring under her present distress for about three months. We have tried many remedies in her case, but more relief has been afforded by blisters to the cervical spine, and the use of valerianate of iron, than any other means. The dyspnœa is not constant, but partially subsides occasionally for several hours."

Hysteria, named by the ancients from the supposed origin in uterine disturbance, was afterwards thought to be a *mis-noma*. There is little doubt now, however, that this particular kind of nervous disease is usually dependent on organic or functional derangement of the uterus, most generally the former. Under such circumstances, permanent relief need not be expected while the fundamental cause exists. The symptoms characterizing this nervous state are the result of reflex nervous action, and may be allayed temporarily by affording additional vigor to the nerves by the use of "anti-spasmodics," so-called—nervous stimulants, such as oil of amber, assafoetida, &c. Counter irritants to the dorsal spine, where tenderness almost invariably exists, are highly useful in thus relieving for the time the distressing symptoms called hysteria.

In order to prevent the recurrence of the symptoms, treatment directed to the uterus itself must be instituted. When engorgement of the organ exists, manifested by a sense of weight, and slight enlargement of the os and neck, often leading to prolapsus, local depletion, by leeches, or scarification of the pendant portion of the organ should be resorted to.



Mere functional derangement of the womb, on account of general or nervous debility, or an impoverished condition of the blood, must be corrected by such means as the nature of the case would indicate. Such means as are likely to remove these causes act as emenagogue.

Ulceration of the os uteri, and chronic inflammation of the vagina and intra-uterine mucous membrane, manifested by leucorrhœa, generally require astringent and alterative or cauterant local applications to the vaginal mucous membrane, and that within the cavity of the uterus, particularly the cervix. This irritability or sub-acute inflammation of the uterine mucous membrane may exist for years without affording any visible evidences of organic disease except fluor albus. By careful inspection thin glairy mucus may be seen emanating from the os, admonishing the practitioner of the existence of uterine catarrh, and the necessity of extending applications to the interior of the uterus. Fluid preparations thrown into the cavity sometimes, though not always, lead to great suffering and alarm, by inducing what is called uterine colic. Nitrate of silver and other solid local applications, though free from this difficulty, are more difficult of application. Various modes have been suggested, but for the ready and safe application to the membrane beyond that lining the neck, we must look to the rising genius of progressive medicine.

---

### NERVOUS SYMPATHY.

On the 12th of June, Mrs. G., of this city, forty-eight years old, and of robust constitution and large breast, consulted me for simple erysipelas, on the back of her left hand. I recommended tinct. of iodine, applied with a soft brush to the part three or four times daily, &c. On the

third day she consulted me again, stating that for two days, every time she applied the iodine to the back of her hand, and which invariably produced severe burning, a corresponding effect was produced around each nipple, every whit as intense as if applied to the part. The case is progressing, attended by the same phenomena at each application of the iodine.

It is a fact, well known to the profession, that for several weeks after child birth manipulations of the mamæ will produce "after pains" of greater or less severity, which in some instances recur every time the child sucks, throughout the entire period of lactation. How to account for these things is the difficult part of the subject. It is no explanation to say it is nervous sympathy; of course it is, but what is the *modus operandi*?

---

*Hamamelis Virginica.*

The following communication, from Dr. W. W. Durham, attributes to this plant properties not generally known to the profession. While the readers of the JOURNAL are testing the reputed virtues of black-haw it may be that the witch-hazel will be found valuable in this way:

"I will in the first place, in the articles I propose to write for your journal, bring to your notice the witch hazel or *hamamelis virginica*. It possesses properties in common with the black haw, or *viburnum prunifolium*, that is the property of preventing "abortion or miscarriage. At one period of my practice the negroes used the cotton root so frequently to produce abortion that my supply of black-haw become exhausted, and having heard of this power of the hazel to effect the purpose for which I used the haw. I resorted to it (the hazel) with perfect success—having only used it for the purpose of preventing abortion, from the effects of the cotton root: I cannot speak of it in other cases.

Its valuable action being generally well known, otherwise than in the case to which I have alluded, I will not speak of it.

For the purpose of which I have spoken, steep one ounce of the leaves in one pint of water, and drink freely."

W. W. DURHAM.

*Thirty-First Announcement of the Medical Department of  
the University of Louisville.*

We are pleased to see that this Institution has emerged from its late troubles, and is again before the public, with an able Faculty of representative medical gentlemen, whose names cannot fail to place the Institution side by side, not only with the best on this continent, but of Europe also.

We recognise among the Faculty, the names of some of the ablest medical philosophers of this country,—men, whose education, love of science, and earnest zeal, eminently fit them for the positions they hold; and who will give their great talents, with true fidelity, to teaching, not only the way to health, and how to preserve it, but the necessity of unfaltering devotion, unyielding labor, and self-sacrifice, to carry forward to a glorious consummation the tide of progress which alone can redeem the profession from the wholesale quackery that has threatened it so long.

It is with pleasure that we note the union of the Kentucky School of Medicine with the medical department of the University, thus ending a rivalry disadvantageous, if not discreditable, to both; and we are also pleased to note that some of the faculty of the Kentucky constitute a part of the faculty of the University School. This is as it should be. "Let there be no strife between us;" but with an eye single to the great law of progress, and the greatest good to humanity, go forward with an unbroken front in the career of development and discovery, until ignorant pretension and quackery shall not have a foothold left to stand upon.

---

DR. L. P. YANDELL, JR., a distinguished physician of Louisville, Kentucky, is now in Europe, whither he has gone to prosecute the further study of his profession.

Vol. VIII.

AUGUST, 1867.

No. 6.

ATLANTA  
*Medical and Surgical*  
JOURNAL.

NEW SERIES.

EDITED BY

**J. G. WESTMORELAND, M. D.,**

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

**W. F. WESTMORELAND, M. D.,**

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

**J. M. JOHNSON, M. D.**

*Pax et scientia, sed veritas sine timore.*

**PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE**

ATLANTA, GA. :

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.

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S. R. McCAMY.  
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ORIGINAL COMMUNICATIONS.

ARTICLE I.

*Vaccination and its Results.* By DR. WM. A. GREENE, of  
Americus, Ga.

Since the emancipation of the slaves, and the consequent impossibility of subjecting them to strict quarantine regulations, small pox has prevailed in almost every portion of the South. Communities that had always enjoyed perfect immunity from this loathsome scourge, have had it to prevail epidemically in their midst, and many valuable lives have paid the forfeit of neglect and proper appreciation and enforcement of strict vaccination regulations. In view of this, it certainly behooves every physician to employ active exertions to arouse the people to the great importance of vaccination, and to enlighten their minds as to its harmless and intrinsic value. And to do this, it is necessary the physician should entertain correct and intelligent views as to vaccination and its results, to the end, that much of the prevailing prejudice among the common people (negroes particularly) upon this subject may be dispelled. I am sure there is no subject of so much practical value and

importance in medicine, that the people are so poorly informed upon. I propose, in a brief way, to offer a few thoughts upon this all important subject, which, I hope, will attract the attention of those members of the profession who have not heretofore given it that interest it now deserves.

In the large cities provisions are made for the vaccination of the inhabitants, but in the smaller cities and villages and in the country, there is not only no such provisions made, but the people, and in many instances the physician, manifest a total disregard for, and even *fear* of, applying this only sure preventative of the disease. It is not uncommon to hear people say, when urged to be vaccinated, that they "prefer small pox to the risk of vaccination with spurious matter;" and they refer you, perhaps, to our soldiers who suffered so much from vaccination; and, that they knew such an one who had contracted small pox, notwithstanding vaccination, and too, when the vaccination had produced a *tremendous* sore! We sometimes find otherwise intelligent physicians who are at a loss to account for many of the phenomena attending vaccination. This was especially so among the surgeons of the army of Northern Virginia, during our occupancy of Fredericksburg, in the winter of 1862-3. Small pox broke out among our troops then, and a general vaccination was wisely ordered. The number of spurious vaccinations were very great, and became alarming, as affecting the efficiency of the army. It was reported by Gen. Lee's Assistant and Inspector General, that in the battle of Chancellorsville we had 5,000 men unfit for duty, because of disability arising from vaccination. Whereupon, Medical Director Guild, a most efficient and watchful officer, issued a circular calling upon Chief Surgeons of Divisions for their opinion of these unpleasant and unusual developments following vaccination,—*unusual*, because of the great numbers. A number and variety of opinions were submitted,—a majority attributing it to spurious matter taken from

unhealthy subjects, and the diseases of these subjects propagated through the virus to others. I submitted a report, which, in my opinion, accounted for most of the trouble; a few thoughts of which I will here reproduce, as nearly as I can remember, not having preserved the manuscript of the report, the views therein advanced, applying strictly to private as to military practice and experience. I do not believe that chronic diseases or diseases latent or undeveloped in the system, can be propagated through vaccine virus. They certainly are not likely to be. But they must be in a state of *activity* or *excitement*, or in the *acute* stage. I have often taken the matter from a subject laboring under *chronic* eruptive disease, and vaccinated healthy subjects with good result. I have, also, taken the matter from a ripe pustule of a constitutional syphilitic subject, and produced a good result on a healthy subject, without any sign of the syphilitic poison appearing. Since vaccination is adopted almost universally in every civilized country, if it were possible for disease to be thus transmitted, is it not reasonable to suppose that a large proportion of the people would be more or less diseased who are vaccinated; and, more especially is this to be presumed, since vaccine matter is said not be deteriorated by frequent transmissions; and what a variety and intensity of disease must accumulate in this matter, which, in all probability, had passed through so many systems. Therefore, much of the dread arising from this cause is ill-founded.

In all these cases of spurious vaccination above referred to in the army of Northern Virginia, there were eruptions of various kinds; and they were not confined to the soldiers of this army, but prevailed among civilians in every section of the country, so far as my observation or knowledge extended. The cause of this eruption, I am sure, can never be arrived at from the study of statistical tables, no matter how carefully compiled; nor from any pathological state of the system, as to the character of the virus, with any degree of



certainty. There are, however, certain well established facts and legitimate deductions from plainly defined pathological developments, which will enable us to arrive at quite satisfactory results.

1. It is a well established fact, that primary vaccination results in less *local*, but more constitutional excitement than re-vaccination.

2. That re-vaccination produces more soreness in the extremity operated on, and causes much more frequent irritation and enlargement of the Lymphatic glands than primary operations.

From these facts may be drawn the conclusion,—

A. That when the system is fully susceptible of the impressions of the virus, not having been once subjected to its influence, it receives it more kindly, and diffuses it more generally, and, hence, produces less local and consequently less morbid action.

B. When there is any obstruction to the imbibition of the virus, either from previous vaccination, inoculation, or present morbid condition of the system, it is expended in the glands and tissues of the neighboring parts, and produces greater local irritation.

3. Decomposed animal matter, when introduced into the system through a puncture or incision, in very small quantities, will produce much local irritation, and frequently an enlargement of the glands, with copious suppuration, as is evidenced in the absorption of the exudation from “*tee itch*,” or the violent malignant erysipelas which follows cuts and wounds of any kind in dissection.

From which we infer,—

C. That a vaccine scab which has been *bruised*, so as to prevent its healthful development, may contain animal matter in such a stage of decomposition as to result in the production of lichen, bullæ, vesiculæ, erysipelas, etc., when introduced into the system.

Among the troops, crowded as they were in small tents,

and exposed to injury from the handling of their guns and accoutrements, in drilling, and on guard and police duty, *bruising* of the *scab* must have been of frequent occurrence, thus preventing its healthful development, and impregnating it with decomposed animal matter. It was an every day occurrence for these men to vaccinate each other from their own arms, and thus was produced much of the unpleasant developments arising from vaccination. This was not confined to the troops, but might, and did occur among civilians in private practice. We thus frequently attribute an unpleasant vaccination to virus taken from an unhealthy subject, when in all probability, it is the result of vitiated matter from a scab that has been *bruised*, and whose healthful development has been thus perverted.

4. Again, we know that in certain "constitutional states of the atmosphere," the system is so influenced, and fluids are so "concocted" as Sydenhand would term it, that the slightest local irritation will result in the development of bullæ, vesiculæ, and sometimes of phlegmonous erysipelas.

From which may be inferred,—

That in certain states of the atmosphere and conditions of the system, vaccination, with the *purest* virus, will certainly produce much local, as often constitutional aberration.

I remember that the winter of 1862 and 1863, and the following spring, when these unpleasant developments from vaccination were most prevalent, was characterized as peculiarly favorable to the development of pustulæ, bullæ, erysipelas, etc. I noticed this fact not only among the troops around Fredericksburg, but among civilians generally throughout the country, so far as my observation extended. Hence we infer that much of the unpleasant development resulting from vaccination, is the result of the state of the atmosphere, producing a morbid condition of the animal tissues and fluids. This conclusion is strengthened by the

consideration that these morbid developments are as common in private practice as in the army, as well as the additional fact, that from the *same scab* one has gone through a healthful vaccination, another has suffered from bullæ, another from lichen, and another from erysipelas. This I think accounts for a large number of such cases, while those resulting from spurious or vitiated matter are exceptional, and can be explained by fact 3.

In all such cases I have found the application of liquor acetatis plumbi to the parts, and full purgative with vegetable and saline cathartics, speedily affects a cure. Diet should be spare, cooling, and very simple—milk, rice, gruel, etc.

---

## ARTICLE II.

*New Remedies.* By J. G. WESTMORELAND, M. D., Prof. of Materia Medica and Therapeutics in Atlanta Medical College.

The science of Medicine, in its several departments, is progressive. While the truths discovered and practiced by the ancients should not be disregarded, the exposure of false theories and erroneous practical conclusions should be made whenever discovered. Many of the truths of Physiology, Therapeutics, Chemistry, etc., now well established, have been discovered within [the last half century. During that time, opinions not a few, entertained by the Profession previously, have been exploded by the onward march of scientific medicine.

In the discovery of new remedies, and the manner of their application in the treatment of disease, progression in medicine is more particularly marked. Facts have been acknowledged, and conclusions arrived at heretofore, without sufficient tests to establish their truth; and hence the frequent explosions of theories, recognised by their enthusiastic propounders as perfection in science.

Experiments and tests upon which a principle in medicine is to be established, should be so extended, under varied circumstances, that no doubt of its correctness can be entertained. Statistics, to be reliable then, must not only include many cases of the same character, on which the test or experiment has been made, but must be reported only after the test has been made under all contingencies, which may be likely to impress diseases, or influence the action of remedies. From a want of attention in this all important particular, principles most erroneous, and systems of practice most injurious, have been inaugurated.

In crowded hospitals of densely populated cities, diseases are properly treated by means not at all applicable to the same affections in the country. Unless this fact be borne in mind, important remedies may be discarded, and treatment instituted and promulgated that will be found not only useless, but decidedly injurious at another time. On this account, pneumonia, properly treated by the use of depletives and sedatives in the rural districts of Georgia, may be more successfully managed, in a London Hospital by constantly sustaining the vital energies by cerebral stimulants. The same may be said of certain epidemic influences, requiring vital stimulants in connection with any treatment used.

In disease, as with medicinal agents, there is, in the profession, a disposition to generalize, making the same remedy or mode of treatment applicable to a great variety of diseases, and under all the varied circumstances in which they occur. This labor-saving proclivity is productive of much embarrassment

to the progress of scientific investigation ; and lays the foundation for one-ideal systems of medicine. New remedies, to be applied in the treatment of disease, on general therapeutic principles, and new systems of practice founded on the ridiculous notion of identity of disease, differ widely from each other. Nor do we think he who throws himself back on the labor-saving doctrine of *vis medicatrix naturæ*, is less a stumbling block to the young investigator than other charlatans. Drugs have their medicinal properties, and diseases their peculiar pathological characters, both of which must be known in order to the successful practice of medicine.

It is found that in classifications of *materia medica*, made with reference to the medicinal properties, several agents are included in many of the classes, differing from each other in the degree of activity, promptness, etc. Several properties are possessed also by some drugs, such as astringent, nervous tonic, emetic, etc., which give it a place in these classes respectively. Relief to diseased organs is often effected indirectly by the action of a remedy upon a healthy part. These are points of study in the selection of remedies. In agents for a long time used, new properties are some times discovered, or their known properties made subservient in a manner not before known. Thus, new remedies are not necessarily newly discovered agents, nor even newly discovered properties in known agents.

It is a duty of the physician towards his patient, to seek the most prompt and efficient palliative or cure for disease. It is his duty toward the profession, to make known, by publication in some way, any discovery or improvement made.

The blockaded condition of the Southern States during the late war, with its many evils, brought one good to the medical profession, and perhaps to humanity. It forced physicians, by the scarcity of drugs, to seek new agents in the abundantly supplied fields and forests of their own "sunny South."

We are glad to know that the necessity worked a taste for

investigations in therapeutics, which will result in valuable additions to materia medica. Its benefits are already being realized by the profession, in the reports of valuable unofficial medical plants being constantly published in this and other journals. Some valuable contributions of this kind have been made by Dr. Phares, of Mississippi, and others. Our experience with some of them confirms the reports made by the authors alluded to.

It is gratifying also to know that the "Medical Association of Georgia" is alive to the importance of such investigations. At its last session, a committee was appointed to collect information on the properties and uses of "unofficial indigenous plants," and report the same at its next annual meeting in Augusta, on the 2d Wednesday in April next. Being a member of that committee, the writer would be pleased to have contributions on this subject sent to the Journal for publication, or by private letter, as may be most agreeable to the author.

---

### ARTICLE III.

*A Case of Double Pregnancy:—One Ovary being blighted and discharged as a Mole; the other expelled two weeks afterwards.* By BENJ. M. CROMWELL, M. D., Albany, Ga.

April 2d.—Called at night to see Mrs. —, who, the morning previously, after having two loose actions from her bowels, experienced contractile pains in the abdomen, which she attributed to the tenesmus and dysenteric action. A

few hours afterwards, while superintending her gardening, suddenly, without premonition, she experienced another pain, attended with a discharge of blood and water. Knowing herself to be two or three months pregnant, she at once suspected abortion, but failed, on close inspection to discover any evidence of it, except the discharge above mentioned.

More or less hemorrhage continuing until night, I was sent for. I found her restless, suffering with pain and fatigue in the back, and headache. Pulse normal; hemorrhage not serious, and under influence of lead and opium, gradually ceased on the following day. During the time of its (the hemorrhage's) continuance, clots were discharged, but no organized mass.

The next day, the patient continuing to do well, and the hemorrhage subsiding to the usual discharge, my visits were discontinued.

On the 9th, the husband visited me at my office, and said his wife's catamenia had returned, and asked if it was not unusual for it to return so soon after a miscarriage.

Doubting it to be really a return of the catamenia, I questioned him closely as to its nature, amount, and constitutional effect. He said it was of the color of brick dust; was, if anything, a little less than normal, and was attended with no unpleasant constitutional disturbance—that his wife was going about her usual avocations, had a good appetite, and slept well at night. I advised no treatment, but requested to be kept informed as to the case.

On the 10th, I was again sent for. She was having well marked uterine contractions, headache, and pain in the back, as before. Under the influence of the uterine action, large clots were expelled, and the hemorrhage, though not profuse, was sufficient to cause uneasiness to her medical attendant. Believing it useless to attempt to save the ovum, she was given the wine of ergot freely, and cold cloths were

placed over the pubes. Under the influence of these measures, uterine contractions became quite severe, and about 10 o'clock at night, the uterus expelled a carnified mass, oval in its general contour, lobular, convex on its entire surface, and concave within; measuring, in its largest diameter, from  $2\frac{1}{2}$  to 3 inches. Attached to its inner concave surface was a membranous sack, with what appeared to be the rudimentary end of a funis.

Under the influence of an opiate, she rested well, and, for the two succeeding days, the discharge ceased almost entirely.

Believing now, that the cause of trouble had ceased to operate, I expected her to convalesce, and was, therefore, unprepared to find febrile symptoms supervening. It seemed evident that this mass was a mole—a conception that had perished, perhaps, while yet an embryo, and had become gelatinised and absorbed, while the diseased placenta, receiving nourishment from the uterus, continued to its present dimensions.

I could see no good reason for asking for a vaginal examination. The lochial discharge continued; but pain in and about the region of the uterus, with the usual pain in the back, was also present.

On the 13th, before the usual hour of my visit, I was again sent for. The patient was having well marked uterine contractions, with discharges of clots and blood. On examination per vagina, I discovered protruding from the os, a soft gelatinous substance, which, on further examination by the speculum, I found was a portion of placenta undergoing decomposition. It was so soft that instruments could get no hold on it, so the finger was introduced in and through the os as far as it would go, and, with the nail, as much of the mass was detached as reached. This was repeated several times, and each time a portion was detached. She was then put on the wine of ergot, and in a few hours the remainder was expelled.



Hemorrhage ceased, and under wine, iron, and quinine, the patient gradually regained her usual health.

The appearance of this second placenta, which was healthy in its structure, can only be accounted for by supposing this to have been a case of double pregnancy—one ovum of which was blighted, while the other was in progress of development. The non-appearance of the foetus of this second placenta is to be regretted, as it tends to obscure the case; but from its early age and small size, it can readily be conceived to have been lost without detection.

Montgomery, in his "Signs and Symptoms of Pregnancy," treats this subject (molar pregnancy) more fully than any author that I am acquainted with. Madame Boivin, also, has an excellent chapter on this subject.

These authors mention several cases coming under their own, and others' observation, illustrating the above case,—cases of double pregnancy, where one of the products of conception becomes blighted, without in any way interfering with the proper development of the other. According to these authors, the mole may be expelled at the second, third, or any intervening month, up to the time of delivery, without causing premature labor. The mole is sometimes expelled with secundines at the time of delivery; and again, instances are recorded where the mole remains in the uterus for an indefinite period after the usual time of utero-gestation. Ambrose Pare mentions the case of a mole remaining in utero seventeen years.

In a medico-legal point of view, the subject of molar pregnancy is one of vast importance, and merits the closest attention of the physician. A hastily expressed opinion of a medical man may do great injury to chastity and virtue, and cast a stain on the reputation of an innocent married woman. Such instances are recorded.

ARTICLE IV.

*Large Doses of Calomel in the Treatment of Traumatic Tetanus.* By J. J. KNOTT, M. D., of Atlanta, Ga.

Private J. T. K——, Company C, 53d Georgia Regiment, Semmes' Brigade, McLaws' Division, A. N. Va., aged about thirty, dark hair, fair complexion, and by occupation, previous to enlistment, a farmer, received in the battle of Sharpsburg, Md., a gun-shot wound through the buttock—the ball in its passage, dividing the gluteal nerve. No untoward symptoms supervened, until the morning of the 27th of September, ten days after the reception of the wound, at which time the patient reported to me with the following symptoms: Frequent spasms of wounded limb, soreness, with contraction of muscles of nape of neck, difficult deglutition, and slight trismus, bowels constipated. Ordered *ol. ricini* f 3 i., *ol. terebinthæ* f 3 i., to be repeated in four hours, should the first dose not act freely upon the bowels.

Sept. 27th.—Saw the patient about 3 o'clock, P. M. Medicine has acted freely; symptoms of tetanus more prominent; spasms very severe and persistent; directed *morphiæ sulphas* gr. iv., (flat chart No. 4) one every three hours; sinapisms from nape of neck to sacrum.

10 o'clock, P. M.—Tetanic symptoms fully developed—Plurothotonus; the abdominal muscles of wounded side, conveying to the touch the impression of hard balls or lumps under the skin; continue the morphine increasing the doses half grain.

September 28th.—Spasm more frequent and severe; flow of saliva from mouth very profuse. Constant attention of the nurse necessary to keep the patient on his bed. Requested my friend, Dr. Morton, of Virginia, to see the case with me. Owing to the almost hopeless condition of the patient, we decided on a heroic plan of treatment, viz: One drachm doses of calomel to be repeated every three hours.

10 o'clock P. M.—Has taken four doses. (In administering the calomel, the teeth were separated with a case knife, sufficient

to deposit the calomel on the tongue). Symptoms about the same. No action on the bowels; decided to postpone further treatment until next morning.

29th.—Patient has been up frequently through the night, from the action of the medicine, the operations consisting of blood, mucous, and bilious matter; decided improvement in all the symptoms.

12 o'clock M.—Medicine still acting severely; evacuations the same, though attended with more pain; more decided abatement of all the symptoms. Ordered sulph. magnesia  $\bar{3}$  ss.

5 o'clock P. M.—Since administering the salts, does not experience so much pain, when he goes to stool; slight ptyalism. Ordered chlorate potass 3 ii., aqua fontana  $f\bar{3}$  x., tablespoonful every four hours.

Sept. 30th.—Patient badly ptyalised; tongue considerably swollen; mercurial fetor; ulceration of mouth, fauces, and tongue. Continue chlorate potassia, and the following wash to be used repeatedly through the day: Creasote  $f\bar{3}$  ss., aqua fontana  $f\bar{3}$  x., pulv. acaciæ qs., fiat sol. From this date the patient had no further symptoms of tetanus, though at the time of his leaving the field infirmary, he was suffering severely from the effects of the mercury—so much so, indeed, that on his arrival at Fredrick City, Surgeon Morton, under whose care he was placed, found it necessary to leave him at this place in "*General Hospital*," where he remained under treatment for some three or four weeks before he was able to proceed to Richmond for exchange. He continued to suffer from the effects of the mercury for some twelve or eighteen months after this time, but finally regained his wonted health, under the use of the iodide of potassium. Having commenced a report of this case, with the view only, of laying the facts in connection thereof before your readers, I will not attempt to theorize as to the "*modus operandi*" of the remedy, but leave them to make their own deductions from the facts as they stand reported.

## ARTICLE V.

*Case of Poisoning by a Bee-sting.* By WM. O'DANIEL, M.  
D., of Marion, Ga.

On the 17th of May last, at 10 o'clock A. M., I was called to see Mr. B., a gentleman 32 years old, of feeble constitution. Upon my arrival, I was informed by his wife, that, about half an hour previously, he had been stung by a bee, on the right ear (helix). The sting was immediately removed, after which patient was troubled with nausea and occasional emesis, which continued to grow worse. After giving patient a careful and thorough examination, I found his condition to be as follows: Irrational, heart's action much enfeebled, breathing *exceedingly* difficult and stertorous, profuse flow of saliva, face considerably swollen, body partially covered with dark spots—more especially the face and neck; extremities cold.

I made use of the following: Sinapisms to extremities, morphia  $\frac{1}{4}$  gr., brandy and water *pro re nata*. In one hour patient could speak rationally, and complained of a most excruciating pain in the epigastric region, chilly sensation, burning in fauces, and incessant nausea.

Mr. B. states that he has been stung by bees frequently during his life, and never suffered any unusual pain until about a year ago, when he was stung on the left orbital ridge, which produced very alarming effects: he was again stung on the end of the little finger, about three months ago, which caused much more intense suffering than before. The symptoms were similar in each instance.

By 4 o'clock P. M., Mr. B. was up, though much exhausted. Circulation 80 per minute. The point of injury presented no very unnatural appearance: it was red and a little swollen.

## SELECTIONS.

*On a Case of Extra-Uterine Pregnancy: with Clinical Remarks,—Favorable Termination.* By ROBERT GREENHALGH, M. D., Physician-Accoucheur to St. Bartholomew's Hospital, and Lecturer on diseases of Women and Children; Consulting Physician to the City of London Lying-in Hospital, etc.

The infrequency of extra-uterine pregnancy, the difficulties usually attending its diagnosis, the dangers present and prospective with which it is surrounded, and the insufficiency of all means hitherto devised for its arrest and safe termination will, I trust, be deemed sufficient grounds for occupying your time with the details of the following case, and with some reflections having a practical bearing upon this important class of cases.

On the 4th of last October, I was hurriedly summoned to the bedside of a lady who, I was informed, was suffering from the effects of extra-uterine pregnancy. I learnt, on my arrival at the house, that a general practitioner in the neighborhood had been hastily applied to on account of the patient having been seized with sudden acute pain, like cramp, in the lower abdomen. After a careful investigation, he somewhat indiscreetly informed the patient of what he believed to be the nature of the case and the danger of her condition, which so alarmed her and her husband, that they at once requested his withdrawal, on the score that so grave a case required a special practitioner. I found the lady very pallid and greatly agitated. She was twenty-six years of age, and had been married just six months; had passed four catamenial periods, never having once "missed" since the establishment of that function, which had always been perfectly normal. About two months and a half ago she began to be very sick in the morning, when, after violent retching, she

brought nothing but mucus, occasionally mixed with a little bile, off her stomach; she was never without a feeling of nausea, which, however, did not materially interfere with her appetite. Two months ago her breasts became tender and began to swell, and she noticed the nipples enlarging, and around them the skin becoming gradually darker; some small "pimples" at the same time making their appearance, she thought more marked on the left breast. Three months ago she experienced pain in the left groin and labium, sometimes extending to the inner and upper part of the thigh, which she described as a "bursting" sensation, accompanied at times, especially on exertion, with considerable irritability of the bladder and rectum. These symptoms gradually increased up to the time of my visit, when she was in the greatest suffering, so much increased by the slightest movement that she dreaded to shift her position. Having ascertained these facts I examined her breasts, which manifested all the usual characteristics of the pregnant condition at the third month, so ably depicted by Montgomery. Being placed on the back I proceeded to examine the abdomen, the parietes of which were thin and flaccid, when she screamed with agony, especially when pressure was made over the left iliac fossa.

Finding it impossible to make an accurate investigation, she was subsequently placed under the influence of chloroform, the bladder and bowels having been previously evacuated, when the nates were brought close to the edge of the bed, the thighs being flexed upon the abdomen, and her head propped up with pillows. The abdomen was tympanatic, except in the left iliac fossa, a little above and below Poupart's ligament, where there was a sense of resistance and slight dullness on percussion; a bruit could be distinctly heard about that region. Per vaginam, the vagina was somewhat elongated, the rugæ ill-developed; the cervix uteri slightly raised, enlarged and spongy to the touch; the margin of the os, granular to the feel and yielding. The cervix was driven to the right of the pelvis, the left being occupied by a round, ill-defined, elastic swelling, merging into the surrounding textures, which, upon pressure being made by the left hand, could be brought more easily within reach of the finger. I fancied more than once that I could detect something like a feeble *ballotement*. The uterus was slightly movable. At this stage of the investigation I was

convinced of the existence of pregnancy, but that there was no embryo in the uterus. I therefore ventured carefully to introduce a sound into that viscus, which passed easily three inches in the normal direction, clearly proving that the uterus was increased in size. Per rectum, I could trace out the enlargement lying anteriorly and to the left of the canal, the uterus being forced over to the right of the pelvis. I may here remark, that this investigation was conducted with the greatest gentleness, as I feared the cyst might rupture, even with the most tender handling. The patient, being still partially under the influence of chloroform, was placed in a comfortable position, and the strictest quiet of mind and body was enjoined. I now informed her husband of the nature of the case and its hazards, confirming in every particular the opinion of the intelligent practitioner who had preceded me, at the same time requesting a consultation, which he (the husband) declined, saying that he was perfectly satisfied with the two opinions he had already had, and was ready to acquiesce in any plan of treatment I thought fit to recommend. I ordered a grain of morphia with cocoa-nut butter to be introduced into the rectum, an antispasmodic draught with hydrocyanic acid and small doses of morphia, ice and a tablespoonful of essence of meat to be administered from time to time.

On the morning of the 7th of October, I was pleased to find that my patient had passed two tranquil nights, and was in no way suffering from the recent examination. She had vomited twice with but slight efforts, had passed water, and had a slight sanious discharge from the vagina, with a sensation of bearing down. Pulse 86, feeble; lips dry; complains of thirst; skin slightly above the normal temperature, but moist; abdomen still tender. She had taken freely of meat-juice. Having thought over the case in all its aspects—the prospect of the gradual development of the ovum, with its daily increasing vascular supply, and the more than probable ultimate rupture of the cyst, giving rise to fatal internal hæmorrhage,—I determined to propose the puncture of the cyst through the roof of the vagina, and thus draw off the liquor amnii by means of a hair trocar and canula. Having fully explained to her husband the whole facts of the case and the method I proposed for its treatment, I gave him distinctly to understand that, although I had frequently, and with the best results, introduced that instrument

into pelvic tumors, still I had had no experience whatever of its use, nor was I aware that it ever had been proposed, in a case similar to the one under discussion. Moreover, I stated that in the event of a consultation being held to determine the advisability of such a proceeding, I was fully prepared to meet with the stoutest opposition. Notwithstanding, I strongly urged a consultation, with the view, as I stated, of sharing the responsibility with another, he, however, declined to accede to my request.

At ten o'clock on the morning of the 8th I found my patient more comfortable, with less pain and tenderness in the abdomen, but much distressed by retching every now and then; she was, however, anxious to submit to the operation I proposed, and about which her husband had given her every information. Having carefully placed her in the ordinary obstetric position, I guided with the index-finger a long hair trocar and canula to the most accessible and depending part of the swelling, while gradual and firm pressure was made, by means of a large sponge, upon the left iliac fossa, so as to bring the tumor close against the roof of the vagina and within easier reach. I now plunged the trocar with canula firmly against the tumor, into which they entered to the extent of an inch, when, upon withdrawing the former, about fifteen drachms liquor amnii, slightly tinged with blood, escaped through the canula. I may here remark that when flowing, pressure on the abdomen was gradually discontinued, with the view of preventing the ingress of air. For a week my patient continued to progress most satisfactorily; the sickness and nausea, tenderness and pain, had gradually subsided, the breasts were decreasing in size, she was regaining her appetite, and her nervous agitation had almost wholly ceased; in short, to use her own expression, "she was quite another woman." On examining the left iliac fossa, it was found nearly, if not quite, as resonant as the right; there was no longer any sense of resistance to the touch, and she could bear tolerably firm pressure without flinching. The uterus had somewhat descended in the pelvis, and had assumed a more central position; and in place of the semi-elastic and round swelling, a hard, irregular, well-defined, and slightly movable body could be felt to the left of that viscus.

She continued to improve up to October 27, when she was seized with a rigor, followed by pains in the hypogastric



region of a paroxysmal character, accompanied with vomiting, acceleration of the pulse, and some heat of skin. These symptoms continued for about four hours, when a sanious discharge from the vagina made its appearance. During a severe paroxysm of pain some coagula were expelled, together with what proved to be, on careful examination, a portion of decidua, shortly after which she experienced almost perfect immunity from pain. From this time the discharge gradually ceased, having lasted five days; in fact, it was a menstrual period.

On the 3d of November last, I again made a careful vaginal examination, when I found the uterus nearly in its normal position and approaching its natural size. I could scarcely discover any trace of the extra-uterine swelling.

Nov. 6th, 1866.—The patient is fast regaining her strength, and is not conscious of any discomfort in or about the pelvis.

March 5th., 1867.—She is now in perfect health, having menstruated four times somewhat more freely than usual, but without pain.

It may now be interesting and instructive to you, gentlemen, if I append some few particulars of great practical importance connected with this subject. Dr. Campbell, in his excellent and critical monograph on Extra-Uterine Gestation, remarks: "After the extinction of its (the foetus's) life, the foetus has remained a long series of years in the abdomen of the parent with little inconvenience to her." He, however, suggested no method by which the progress of development can be arrested and such a result affected. Dr. Churchill says, "the child dies soon after the rupture of the cyst in most cases." Dr. Murphy remarks, "the treatment of such cases is out of our reach." Dr. F. H. Ramsbotham states, "Our treatment must depend entirely on the symptoms, and must be directed to the relief of pain and assisting nature in her efforts to get rid of the offending mass;" and further, "It cannot be necessary to lay down any rule of treatment for those cases in which the cyst bursts and contents pass into the abdominal cavity, because such are almost always rapidly fatal." Cazeau remarks: "When left to itself, an extra-uterine pregnancy will generally terminate in a rupture of the cyst.... This rupture, which is usually spontaneous, always gives rise to extremely grave phenomena." And under the head of treatment, he observes: "It is evident that no operation could be attempted in the earlier

months of pregnancy, even if we should be fortunate enough to ascertain with certainty that the ovule was not developed in the uterus." Dr. Hodge says, "In some cases the ovum perishes early, and the excitement and irritation diminish, and the embryo may remain encysted in its own membranes, not only for days or months but for years." This author further states that "the second termination is the rupture of the sac, the death of the foetus, and usually the death of the mother from hæmorrhage or inflammation." Again: "Of all terminations, where the embryo perishes early, and is encysted in its own membranes, is by far the most favorable; as the tumor is small, and very little irritation is produced." Further: "It has been suggested to adopt measures as early as possible to destroy the life of the foetus in extra uterine pregnancies, and thus to escape the accumulative dangers from rupture, hæmorrhage, or inflammation consequent upon its continued development;" adding, "the morality of this practice need not be defended, for it may be assumed that the child must sooner or later perish." And he records that in 1857 M. Bachetti of Pisa said that he had actually succeeded in destroying the life of the foetus by electro-puncture, by inserting two needles into the sac and directing through them an electro-magnetic current.

I need not occupy more of your time by a further array of authorities to prove the dangers of these cases and the unsatisfactory treatment hitherto had recourse to.

Experience has demonstrated, amongst others, two most important facts: firstly, that in those cases in which the embryo perishes early, little or no further danger or evils need be apprehended; and secondly, that where its development is thus arrested, especially when enclosed within its own membranes, no more favorable issue could be desired.

It will be generally admitted that where the liquor amnii is discharged, either spontaneously or artificially, at an early period of gestation, embryonic life is almost if not quite certain to be extinguished, and the growth of the involucra arrested, and thus all fear of over-distension and rupture of the sac will be avoided. It may also be fairly conceded that the puncture of cysts about the cavity of the pelvis by means of a hair trocar and canula is rarely or never attended with serious results, especially if care be taken not to exhaust the sac by pressure upon the abdomen, thus avoiding the ingress of air. But it may be asked,—Is the diagnosis

of extra-uterine pregnancy always so certain that we dare venture to introduce a trocar into a growth the nature of which may be so questionable? Doubtless, the diagnosis of these cases is frequently most obscure—nay, impossible; still, assuming the enlargement to be due to one or more of those growth usually found within the pelvis—such as pelvic abscess, hæmatocele, cyst of the broad ligament, ovarian dropsy, fibro-cystic tumor, &c.,—so much light would thereby, in all probability, be thrown upon the nature of the case as to determine our diagnosis, prognosis, and rational treatment, and in some few cases even more—the puncture may be, and has been, the very means by which the disease has been relieved, and in some instances cured.

If, then, we consider the danger of these progressive cases of extra-uterine pregnancy on the one hand, and the harmlessness of the means proposed and adopted for their arrest on the other, I think I am justified in assuming that, where an early diagnosis is made, the evacuation of the liquor amnii by the hair trocar will be found a safe, easy, and efficient means in lessening or altogether averting the dangers of these hitherto alarming and fatal cases. It may be said that I have somewhat too hastily brought this case before your notice, and that evils may yet arise which might prove that the practice adopted is not so valuable and worthy of imitation as has been assumed. I am most anxious to guard myself against any such imputation, as I am fully aware that nothing is more damaging to the cause of medicine than the publication of so-called successful cases before sufficient time has elapsed to test the efficacy of any plan, especially a new one, resting, as in this instance, upon the case only. Still if any one will well and impartially consider and weigh the whole facts of this case previous to the improvement—aye, more, the speedy and complete disappearance of all the symptoms subsequent to the operation, and the physical changes which have since occurred, I trust I shall be acquitted of anything like precipitancy in the matter, and that this case, at least, will be emphatically declared a complete success.—*Lancet*.

*Four Children at a Birth, averaging five pounds each; all living and well, and nursing the mother.* By C. S. FAUST, M. D., Graham's Turn-Out, South Carolina.

Some few weeks ago, the following letter was received from a graduate of the New York University, dated Graham's Turn-Out, March 7, requesting any remarks which I might think proper to make, in reference to the interesting case which he details. Accordingly, after reading the case, I thought it of sufficient importance to the readers of your journal to give it in full, as presented to Dr. Faust. I have also taken the liberty of adding my comments on the same.

I am, very truly,  
GUNNING S. BEDFORD, M. D.

GRAHAM'S TURN-OUT, S. C., }  
March 7, 1867. }

Prof. G. F. BEDFORD, 66 Rh Avenue, New York:

*My Dear Doctor*,—I have just visited a lady who has been delivered of four healthy children at one birth. One of the children was born on the 26th of last February, at 11 o'clock, a. m., the other three were born on the following day (27th,) between the hours of 6 and 8 o'clock, a. m. There was but one placenta, which was square; cord attached to each corner. The mother is just twenty-five years of age, and is doing well. All the children nurse the mother, and will average five pounds each in weight.

Thinking, perhaps, that you had not seen such a case recently, and especially when all the children were living and doing well, I deemed it my duty, as an old student of yours, to inform you of the fact as obstetrics was always your favorite branch. Please let me know what you think of such cases, and how often they occur.

I remain yours, very truly,  
C. J. FAUST, M. D.

REPLY.

( FIFTH AVENUE, NEW YORK, }  
March 20th, 1876. }

*My Dear Doctor*—Your very kind letter of the 7th instant

I received with much interest. The case of quadruple birth which you described is, indeed, a remarkable one. You ask me "what I think of such cases, and how often they occur?" Well, I tell you very frankly, that ~~four~~ <sup>four</sup> children at one birth, and all "living and doing well," may be regarded as among the extremely rare phenomena of the lying-in room. I myself have never met with an instance of such fecundity—the richest reproductive result in a practice being once, an example of triplets, two of the infants, with the mother, surviving; the third was still-born. It has been my fortune to bring thirty-three twins into the world, one of which cases I will briefly mention, as illustrating the fact that the procreation of twins seems peculiar to certain individuals and families. Some years ago I attended a lady in child-bed with twins. This lady I confined three times successively with twins. She married a German gentleman. Her husband was a twin, and his aunt on the maternal side I delivered twice consecutively of two children at each birth.

It would seem that a twin pregnancy occurs in the varying proportion of one in sixty to one in sixty-five cases. Madame La Chapelle records, that in 37,411 births that there were 36,992 single deliveries, 444 instances of twins, and but five cases of triplets; and it is an interesting fact that in 108,000 births in the Hotel Dieu, and Marnite of Paris, from the years 1761 to 1826, *there was not an example of quadruple gestation*. In 129,172 deliveries in the lying-in hospital of Dublin, there were 2,062 cases of twins; 20 of triplets; and but *one instance of a quadruple birth*. Haller (*Physiologia*, 929), observes, "*non raro femina geminos fetus parit; rarius paulo tres, neque unquam supra quatuor*."

Among British practitioners, in 57,935 births, according to Dr. Churchill, there were 343 cases of twins, or about 1 in 75, and 43 cases of triplets, or 1 in 5,561; among the French, in 38,400, there were 336 cases of twins, or 1 in 108, and 67 triplets, or 1 in 6,568; among the Germans, in 369,080, there were 4,239 cases of twins, or 1 in 87, and 38 of triplets, or 1 in 9,765. Taking the whole, we have 666,424 cases, and 8,006 of twins, or 1 in 83 and 87 cases of triplets, or 1 in 7,443.

The following is presented as the rate of mortality: In 1,298 cases of twins (*i. e.* 2,596 children), 636 were lost, or about 1 in 4; and of 12 instances of triplets (*i. e.* 36 children),

11 were lost, or 1 in 3. The mortality to the mother in twin cases has been computed as 1 in 20.

The general rule is, that in plural pregnancy, each foetus possesses its own membranes and placenta; and in this particular, it stimulates a single gestation, with the exception that sometimes there will be an inoculation of blood-vessels between the different placentæ. On the other hand it will occasionally, though rarely, happen that there is but one after-birth for the two children; and it has been suggested by Dr. Tyler Smith, that, in these latter instances, the one ovule has contained two yolks, and two germinal vesicles, as is sometimes observed in the case of birds—one egg with a double yolk producing two individuals. The foetuses in plural pregnancy are usually smaller than when there is one child *in utero*, and there is, also, a strong predisposition to premature delivery. When there are more than two, the expulsion is still more apt to be premature, and the children rarely survive beyond a short time. It must, however, be admitted that there are well authenticated exceptional examples of the reverse of this latter rule. Dr. Collins cites, within his own knowledge, two instances of *triplets* having arrived at the full period of utero-gestation, and were reared healthy children.

In the great majority of cases in twin-births, statistics show that the second child is delivered, by the resources of nature alone, from fifteen to thirty minutes after the birth of the first. In 212 instances recorded by Dr. Collins, in which the interval is accurately marked, in 38, it was five minutes; in 29, ten minutes; in 48, fifteen minutes; in 23, twenty minutes; in 30, half an hour; in 5, three-quarters of an hour; in 16, one hour; in 8, two hours; in 3, three hours; in 2, six hours; in 1, seven hours; in 1, eight hours; in 1, ten hours; in 1, twenty-four hours.

In plural pregnancy, it will occasionally happen that one foetus is healthy, and perfectly developed, while the other bears evidences of an early arrest in its growth, and may be either living or dead. This fact is very satisfactory proof that the lives of the two children are quite independent one of the other. Again, both children may be fully developed, and alive, but one much larger than the other. Cases such as I have just mentioned, may very naturally give rise to the idea of *super-fotation*, and have been attempted to be explained by some writers exclusively upon this hypothesis;

but *super-fetation*, in my judgment, is not at all necessary for the elucidation of the phenomena—they may exist independently of any such influence. For example: this inequality may be due either to some original defect in one placenta or funis, or, in one of the foetuses; or it may result from compression exercised in utero by one child on the other. There can be no doubt of the occasional operation of either of these influences.

A plural pregnancy does not necessarily imply that the labor will not be natural; on the contrary, nature, unless there should be some complication, such as malposition of the foetus, will be adequate to accomplish the delivery, through her own unaided resources. The labor, however, as a general rule, will be more protracted, because the uterus, having been subjected to a greater degree of distension, loses in proportion its contractile tonicity, and therefore a longer period is needed for the achievement of the process. And, also, when there is more than one foetus in utero, the organ can not concentrate its power as in a single gestation.

The following table, exhibiting presentations of the foetus in 808 labors with twin children, has been constructed by Prof. Simpson from the returns of twin births, as observed in the Dublin and Edinburgh Lying-in Hospitals, and among the patients of the London Maternal Charity:

| Reporter.                            | Total number of Cases. | Number of Head Presentations. | No. of Pelvic Presentation. | No. of Transverse Presentations |
|--------------------------------------|------------------------|-------------------------------|-----------------------------|---------------------------------|
| Clarke.....                          | 126                    | 78                            | 53                          | —                               |
| Collins.....                         | 449                    | 309                           | 133                         | 7                               |
| Hardy & McClintock.....              | 190                    | 122                           | 62                          | 6                               |
| Ramsbotham.....                      | 772                    | 532                           | 221                         | 19                              |
| Simpson.....                         | 30                     | 23                            | 7                           | —                               |
| Reid.....                            | 48                     | 25                            | 22                          | 1                               |
| Total.....                           | 1,615                  | 1,084                         | 498                         | 33                              |
| Proportions among twin children..... |                        | 67 in 100                     | 1 in 3                      | 1 in 49                         |
| Proportions among all births.....    |                        | 96 in 100                     | 1 in 81                     | 1 in 294                        |

And now, my dear Doctor, I must close this letter, trusting that it will not be altogether without interest to you. You certainly have accomplished something to be proud of; and I am much pleased that you have added to your little State of South Carolina *four males*.

Believe me to be, most truly yours,

GUNNING S. BEDFORD, M. D.

—Correspondence of *New York Medical Record*.

*Epilepsy Treated by Lactate of Zinc.* By C. F. HART, M. D., Chicago.

In looking over some notes on my early reading, I find a memorandum of Dr. Herpen's remedy for epilepsy, by which he has made some complete cures. The remedy is the lactate of zinc. In six months from four to nine ounces were given. (See *Medico Chirurgical Journal* of 1857, pages 384 and 385.)

I was so forcibly struck with this report at the time, that I concluded to give the remedy a trial the first opportunity offering. In the winter of 1859-60, such did occur. Having been appointed Assistant Physician to the Western Asylum for Lunatics in Kentucky, and there being many epileptic cases in the establishment, I got the consent of the Superintendent to try the zinc treatment on some of the younger and most robust.

There were first selected five. The dose given was, at the commencement, one grain three times daily, and that before each meal. In these cases, the spasm came on once or twice a month, and continued for several days, always leaving a prostrated condition in the patient. These chosen patients were placed under treatment at different stages of the disease, or else of the attack; before, during, or immediately after recovery, and, in all, with a decided benefit. The paroxysm came on less frequently, and milder in their effects, leaving them in a stronger and more healthy condition than before—some would pass as many as three or four months without a recurrence.

We were thus induced to try it on all the patients in the asylum (epileptic of course), and they were very numerous, there being some 240 in the hospital. The result was an improvement in all, though not so marked as in those first selected for experiment. These first were all young, none had been affected over six years, and none less than three.

Then we tried the sulph. atropine, but though the result was not so successful, there was a perceptible improvement in the cases in which it was used; indeed, in some one or two cases the effect seemed to be better.

Then, I was induced to combine the zinc and atropine, or rather, the zinc and belladonna, in these proportions:—Zinci lactas grs. xxx., ext. belladon. grs. viij. M. et F. in pil. S.



One before each meal. This proved more efficacious than either separately, and in no case have I ever used it without effectually controlling the paroxysms in from 24 to 48 hours.

In 1861, whilst I was connected with the institution, one of the female patients, 27 or 28 years old, who had been affected from childhood and had suffered severely, whose mind was almost gone, never passing a week without a paroxysm, which frequently lasted a week, the spasms re-occurring so rapidly that it was difficult to say when they commenced and when they ended. In one of these attacks, commencing during the night, and continuing all night, increasing in frequency and force, I gave these pills of zinc and belladonna. The first, I gave myself, opening the mouth and, by means of a spoon, passing it beyond the epiglottis. The nurse was directed to repeat the dose in three hours. Before the fourth pill was given there was considerable abatement of the paroxysm.

I tried it several times that summer, upon her and upon others, with like success; and again, in 1863-4 upon the same case, with the same effect.

On the 3d of May, 1863 I was called to see a pregnant negroess with puerperal convulsions. I prescribed opium and assafoetida, not having the zinc, but with little success. Not able to find the zinc, I did find the belladonna, and used it in combination with assafoetida, with happy result, the second dose materially lessening the force of the attack, and the third relieving her for several hours, when they again returned, but not with the same force or frequency. I turned the fœtus and delivered a fine, healthy male child. The convulsions continued for 24 hours, but less frequent, and of a milder character; then they subsided.

I have never seen the remedy used in the earlier stages of the disease, nor have seen it persevered in more than three or four months. Whenever it has been used, to my knowledge, it has had a decidedly good effect; and I am strongly of the opinion that much good may result from its use in the earlier stages of the disease. It certainly deserves a trial, and I would be glad if some of your many subscribers would give it a trial and report success.—*Chicago Med. Journal.*

*On Syrup of Chloroform.* By Mr. T. B. GROVES, F. O. S.

\* \* \* It was in attempting the preparation of chlorodyne, with a view of satisfying myself as to its reported difficulty of accomplishment, that I met with the facts forming the purport of this communication.

It has been proved by experiment that chloroform is soluble in water to the extent of two and a half minims per ounce, and that if a spirituous solution of chloroform containing a large proportion be added to water, the excess of chloroform soon finds its way to the bottom of the liquid, with which no amount of shaking will cause it to mingle sufficiently well to enable the dose to be accurately proportioned. \* \* \* It occurred to me that if chloroform were reduced to exactly the same specific gravity as the syrup employed, by the addition of a liquid lighter than itself, mixture once effected would be permanent; there could apparently be no tendency to separation if the theory admitted of being practically carried out. It was obviously a *sine qua non* that the lighter liquid should not be liable to be abstracted by the syrup, or the chloroform would inevitably be precipitated in the globular form, as in the case of chloric ether.

I have succeeded in making such a mixture by reducing the specific gravity of the chloroform by means of ether, and shaking them with a definite amount of syrup. The chloroform manifests no tendency to separation, even when present in the proportion of one-eighth, but a better form is that containing one-twelfth.

The *modus operandi* is as follows:—Put into a twelve-ounce bottle one ounce of chloroform and about three drachms of ether; to the mixture add the same volume of the syrup to be employed; observe carefully the disposition of the fluids, the chloroform and ether will probably sink, then add *guttatim* more ether until the two liquids, on being shaken together, appear indifferent as to their position in the system; finally fill up the bottle with syrup, and shake well for a minute or two.

The syrup should not be too dense, or it will be difficult to impart to it sufficient agitation to ensure the complete commixture of the fluids. The syrup should be composed of gum and sugar, of honey or treacle; syrup of sugar does

not answer well, apparently on account of lacking viscosity.

The syrup, thus formed, has the same physical properties as chlorodyne, and like it, is readily miscible with water in any reasonable proportion, (one to seven) and soluble in the water where the proportion of chloroform is within the limits of its solubility.

The advantages attending its use are these: 1. It does not need special precaution when being added to watery fluids, and in no case does it give rise to a deposition of large globules of chloroform. 2. When added in excess of saturation, the undissolved chloroform is deposited in *minute globules*, which, after lying together for days, show no disposition to combine, but may by a few shakes be dispersed evenly through the liquid, forming an emulsion sufficiently permanent to enable a dose to be measured without difficulty. (*London Pharm. Journal*, June, 1864). (*Detroit Review of Medicine and Pharmacy*). *Journal of Materia Medica*.

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### *Animal Vaccination.*

The French Academy of Medicine, the body to which is assigned the management of the public and gratuitous vaccinations in Paris, and the distribution of lymph, has been for some time past engaged in practically investigating the claims of the practice of "animal vaccination," introduced into France from Naples by M. Lanoix. At the last meeting of this learned body, M. Depaul read his report on the results of the investigation, the chief conclusions of which we subjoin. 1. The transmission of cow-pock by its inoculation from heifer to heifer is obtained without difficulty. 2. No accident occurred to any of the heifers from the fact of inoculation. 3. The three first heifers were inoculated by the Naples cow-pock, and forty-two others by that obtained from Beaugency. 4. The cow-pock has lost none of its properties through successive inoculations. 5. The course

of the eruption has been more rapid on the heifer than on the human subject, the pimple appearing on the third day, and suppurating in the course of the seventh or eighth. 6. In sick heifers the pustules presented less development than in healthy ones. 7. The eruption was entirely confined to the inoculated spots. 8. Little or no reaction was observed. 9. It would be easy, especially in great centres of population, to organize services for animal vaccination. 10. The quantity of lymph which each heifer can supply is sufficient for the most extensive service. 11. According to our experiments, syphilis is not conveyable to the bovine species by inoculation. 12. When taken under proper conditions, this lymph succeeds as frequently as lymph derived from an infant. 13. Taken later than the seventh day, it produces less satisfactory results. 14. It is not unusual after inoculation of infants with the cow-pock to find the portion of incubation prolonged, the eruption not manifesting itself until between the ninth and twelfth days. 15. Sometimes on the same individual the pustules pursue an unequal and irregular course. 16. The pustules obtained by this cow-pock are more voluminous, and the phenomena of general reaction, especially at the period of suppuration, are more sensible than after human vaccination. 17. These manifestations have never taken on a serious character in any of the infants inoculated by us. 18. The number of resulting pustules is alike in both kinds of vaccination. 19. A single puncture has sometimes given rise to the appearance of one, two, three, or even four pustules—a phenomenon which is of much rarer occurrence after human vaccination. 20. The cow-pock, like the lymph from the infant, often fails when it has been preserved between glasses or in tubes, and in this respect human vaccination seems to possess some advantage over animal vaccination. Still, the cow-pock lymph which has been kept in tubes during a month has been successfully used, and specimens which have been sent to the provinces and abroad have furnished satisfactory results. 21. We have made too few trials of cow-pock for revaccination to be able to form an opinion. 22. During the prevalence of epidemics of smallpox, one or more inoculated heifers might be sent into the districts, which would supply all the lymph necessary for the vaccinations and revaccinations.—*Med. Times and Gazette.*

April 20, 1867.

*Solvents for Cholesterine, etc.* By T. H. BUCKLER, M. D., of  
Baltimore.

It is believed that chloroform (terchloride of formyl) and succinate of the peroxide of iron will be found superior to any other agents as solvents for cholesteric fat, whether in or out of the living body. Ohloroform taken into the stomach for the solution of gall-stones contained in the gall-bladder, and the continued use of succinate of iron to control the fatty or cholesteric diathesis and thereby prevent the formation of other calculi, have been invariably found by the writer trustworthy and successful after an experience of twenty years.

Turpentine and ether combined, as recommended by Durande, of Dijon, are the agents generally used as solvents of gall-stones. In regard to these remedies, we have only to say that a mass of cholesterine immersed in turpentine for three weeks had undergone no sensible loss of weight at the end of that time, and that however soluble this substance may be in ether, chloroform must always be found preferable, since it not only acts as the most rapid solvent, but at the same time produces the anæsthesia so necessary for the relief of the anguish invariably attendant on an acute attack of biliary colic.

In 1848 a mass of cholesterine of the size and shape of an ordinary sized hen's egg was taken from the gall-bladder of a woman who had died at the Baltimore Almshouse of some other affection. It was readily separated by gentle traction with the fingers into seventy-five irregularly quadrangular bodies about the size of an ordinary garden pea when dried. These were subjected, in separate vials, to every agent deemed capable of exerting on them a solvent influence. The masses immersed in the various acids, nitro-muriatic amongst others, had undergone no sensible loss of weight at the end of several weeks. Finally a mass, weighing several grains, immersed in Edinburgh chloroform, underwent solution in a few minutes, leaving only a friable refuse resembling the cinder of burned paper.

Not long afterwards we were consulted in the case of a married lady, aged 38, the mother of five children. She was stout and strong, and had always enjoyed good health up to

the time of the attack, which was ushered in by paroxysms of pain in the right hypochondriac region, amounting at times to positive anguish. On examination, an irregular indurated tumor was felt through the walls of the abdomen, directly over the inferior margin of the liver. For some days this case was believed to be the cancer of the liver, but as the paroxysms of pain were followed by jaundice, and the facies of the patient was not that of cancer, a conjecture was formed that the indurated tumor in question might be produced by a distended gall-bladder filled to a greater or less extent with biliary calculi and protruding beyond the inferior margin of the liver. A teaspoonful of chloroform was given by the stomach every hour while the pain lasted, and a teaspoonful only after each meal for a period of five days longer, when the indurated tumor, before described, entirely subsided, affording unmistakable evidence that the gall-stones, none of which were found in the stools, had entirely dissolved out of the gall-bladder by the use of chloroform. About three months afterwards, this lady, who had enjoyed good health in the interval, was again seized with a paroxysm of anguish in the right hypochondriac region, owing evidently to a newly-formed gall-stone lodged in the trumpet-shaped mouth of the cystic duct. This being again dissolved by the use of chloroform, it was deemed desirable to administer some agent capable of controlling the cholesteric diathesis, and thereby prevent the further formation of biliary calculi. Seeing that the difficulty of dissolving gall-stones by any other agent than chloroform or ether grows out of the fact that cholesterine contains a very small amount of oxygen (from one and a half to two per cent., which is less than that of almost any other known substance), it seemed reasonable to suppose that a highly oxygenized compound would be found the best for attaining the object in view. Accordingly, succinic acid and peroxide of iron were selected, on account of oxygen contained in both of them. The hydrated succinate of the peroxide of iron was prepared by the eminent chemist Dr. David Stewart, of Baltimore. The lady, whose case we have just stated, made use of this salt as a permanent treatment to control the cholesteric diathesis, and thereby prevent the formation of gall-stones by destroying the raw material of which they are composed. She continued to take it for a period of six months, and resumed it afterwards

in the following dose: *R.*—Hydrated succinate of the peroxide of iron,  $\mathfrak{z}$  iss; water,  $f\mathfrak{z}$  viss.—*M. S.*—A teaspoonful after each meal. She has had no recurrence of the attacks since she commenced the use of this salt, and enjoys excellent health at the present time. Three other cases treated with chloroform were promptly relieved.

It is above all other agents the remedy for this disease, performing as it does the double work of a solvent and an anæsthetic. In all of these cases the succinate of iron was used as permanent treatment after the chloroform had done its work. One other case terminated fatally, in which, in consultation, this treatment was advised but not carried out. The patient, a young and lovely married woman, Mrs. Z. P., residing at Sassafras, Eastern Shore of Maryland, aged twenty-one, was taken to a neighboring city to consult two deservedly eminent medical gentlemen, who told her she was much too young and full of health to have biliary calculi; and one of them gave her *Budd on Diseases of the Liver* to read as proof of the correctness of their opinion. They told her husband the previous attack was hysterical, and advised that she should live generously, and go to the opera every night by way of amusement. She did go to the opera each night, and eat a supper on returning to her hotel. The night of the last supper she was seized, shortly after going to bed, with pain in the right side, and continued in great anguish until ten o'clock the following morning, when she died. A post-mortem examination disclosed a gall-stone about the size and shape of a common Alpine strawberry, which her husband sent me.

After what has been demonstrated by H. Bence Jones and others in reference to the permeability of tissues, there is every reason to believe that a sufficient quantity of chloroform would pass into the gall-bladder through the intervening parts alone to dissolve out gall-stones, provided its use were continued a sufficient length of time; but when we reflect that chloroform is taken directly from the stomach into the current of the circulation, and that a large portion of it is carried directly to the acini of the liver, where, mingling with the newly-formed bile, it passes with it into the gall-bladder, it is easily seen that gall-stones may be dissolved with as much certainty as if they had been placed in a bath of chloroform outside of the living body.

The use of succinate of iron may also be extended with

advantage to the treatment of leuco-phlegmatic subjects in whom there is a tendency to a redundancy of fatty tissue, and when there is reason to suspect that a deposit of the great disorganizer, cholesteric fat, may be forming about the heart and arteries, or in other structures. The popular idea is that a man must be very well because he is very fat, when directly the reverse is often the case, adipose deposit being so frequently a form of structural degeneration of the tissues. It may be useful to persons having a tendency to obesity, and save them the necessity of carrying out the too rigid and often injurious Banting system of diet.

The writer is not aware that this salt has ever been prepared by any one but Dr. Stewart and his brother J. V. D. Stewart, of Baltimore, and it is perhaps important to state that it should be prepared in the hydrous state and kept constantly in a water-bath, for if dried it will never afterwards undergo a proper solution in water, but always form a gritty mixture.

This paper is only intended as a small contribution to the present knowledge of the subject, for the benefit of many better informed than the writer on this and all kindred topics, with the hope that they will communicate the results of their trials to the editor of the *American Journal of the Medical Sciences*.



EDITORIAL AND MISCELLANEOUS

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LONDON, July 8, 1867.

DR. J. M. JOHNSON.

*My Dear Sir,*—Of the many very clever young medical men in London, Dr. Tilbury Fox is the most eminent. He is one of the editors of the London *Lancet*, and is destined to attain great distinction, being yet only a little over thirty years old, a man of a high order of intellect and of unbounded energy. His devotion to medicine is perfect, and his attainments already varied and extensive. I owe him many obligations for opportunities enjoyed for prosecuting my researches here to the greatest advantage, and take pleasure in making the acknowledgment for the benefit of my young countrymen, who may hereafter come to this metropolis to improve their knowledge of medicine. I can pledge them a kindly reception from this affable gentleman. I have been particular to give you his name in full, because there are nearly as many Foxes in England as were once maltreated by Samson; but, although there are two or three prominent men in the profession in London by that name, there is but one Dr. Tilbury Fox. He devotes himself specially to diseases of the skin, upon which subject he has written two books, besides many able articles in the *Lancet*.

Through the civility of Dr. Fox, I had an opportunity a few evening's since, of being present at a meeting of the Epidemiological Society; and I have an engagement to attend with him a doctor's picnic in the country, where, he assures me, I shall see something of English country life, and see the doctors on a frolic. This meeting is said to

have been the most interesting held by the society during the whole medical session. Papers were read by Dr. Lyons and Dr. Mapother, of Dublin, and Marston, of the Army Medical Department, on an epidemic which is, at present, attracting much notice in this country. It has been variously styled "the black death," "the black fever," "spotted fever," and "cerebro-spinal meningitis," to give no other names, and the character and treatment of the epidemic remain unsolved problems. The chief symptoms point to sudden blood poisoning, which is followed by inflammation of the brain and its meninges, with liquefaction of the blood. The vital powers are suddenly depressed, delirium and loss of consciousness supervene, purple blotches occur over the skin, spasm of the muscles comes on, followed by a livid countenance, coldness of the body, and death at an early date.

Dr. Lyons, when the epidemic appeared in Dublin, a year ago, pronounced it a new thing, and felt that he had a novel affair to deal with. Some cases have lately occurred in London, and the profession has been stirred up to a very energetic investigation of the malady. The discussion which followed the three able papers at the Epidemiological Society, was highly interesting. The fact that the disease had appeared in the United States was adverted to, and many statistics connected with its spread in Ireland were given. Its mortality has everywhere been appalling. Of twenty-five attacks in one region, nineteen were fatal. In all Ireland, 43 have died out of 76, or more than 50 per cent. There is no reason to believe the disease contagious. It manifests a partiality for children; and it was stated in the course of the evening, that the "purples" in hogs have, in all parts of the world, been coincident with the disease.

The idea has been repeatedly advanced, that this disease has a close relation to scurvy; but the discussion showed that there was no solid ground for the opinion. It was also shown that it differs essentially from typhus fever, with

which it has been confounded. Dr. Jenner, the President of the society, pointed out the differences between the two diseases in a conclusive manner. Typhus seldom attacks children, and when it does, can hardly be said to be a fatal affection. In typhus, the progress is slow, and inflammation of the brain is seldom found; while the suddenness of the seizure, and the early occurrence of "spots," and speedy dissolution, serve to distinguish the new disease from the old.

The President, after the admirable papers had been read and commented upon by the numerous members, remarked that there was "a medical gentleman present from America, he understood, and hoped he would favor the Society with his knowledge on the subject of this disease." After so courteous an introduction, I could not decline making some remarks, and stated, among other things, some reasons why I thought the disease had nothing scorbutic in it. I referred to the fact, that during the civil war, when there was great scarcity of vegetable food, and insufficient food of all sorts in the Confederacy, much of the time, and coincidently with this, much scurvy, no spotted fever occurred. At Corinth, for example, where we lost thousands of men from scorbutic diarrhoea and dysentery, and fever diagnosed typhoid, we had no spotted fever. In regard to the epizootic diseases of the lower animals, which had been referred to in the discussion, I related a number of facts in which the members appeared interested. I allude to the "purples" or cholera in the hog, "blind staggers," and the epidemics which have been so destructive of poultry in many regions of our country. The wide and fatal prevalence of "hog cholera," I stated, was one of the causes of the great scarcity of animal food in the South during the war; our people having been accustomed to rely chiefly upon the flesh of the hog for subsistence. Nothing can exceed the urbanity of our professional brethren in London; and the consideration with

which they received my unpremeditated remarks, was peculiarly gratifying to a stranger. I am sorry that I cannot report anything more definite with regard to the origin or the nature of spotted fever, and can give absolutely nothing with respect to its treatment that promises better results in future than those which have attended past efforts in that direction.

The *Sphygmograph*—an instrument by which the arterial pulse is made to register itself upon paper—is attracting a great deal of professional attention in this city. Two exceedingly interesting lectures were delivered a short time since in the theatre of the Royal College of Physicians, by Dr. Austie, one of the great medical men of London, on the prognosis and treatment of certain acute diseases, with special reference to the indications afforded by this instrument. Its use as an aid to prognosis in acute diseases, was explained; and it was also shown that from its record of the pulse, valuable indications as to the use of alcohol might be derived. If the stimulant renders the pulse more dicrotous and more rapid, it is injurious; if it makes it slower and less dicrotous, it does good. These important lectures will soon be published, and will attract unusual attention.

Dr. Prothro Smith has been industriously investigating the powers of a new anæsthetic, and has lately delivered some lectures on the subject, embodying a number of highly interesting facts. He has administered the *tetra-chloride of carbon*, with happy results in a variety of disorders. It is inhaled to the extent of a drachm, at intervals, and though the anæsthetic effect is transient, he has seen relief follow its administration in headache, dysmenorrhœa, chronic metritis, and hay-fever. He has also used it in labor, and the following is a summary of his experience in the various cases to which he has applied it. The tetra-chloride of carbon will be found useful in removing pain in headache, dysmenorrhœa, tic doloieux, toothache, etc., and will be a valuable and safe means of mitigating the pains of labor,

without, apparently, hindering the natural efforts. In some cases of labor, it induces a quiet sleep, and removes for a time the efforts of exhaustion of the nervous system. In hay-fever, the distressing local irritation is allayed by its vapor inhaled a short time. In many respects, Dr. Smith deems it preferable to chloroform—quite as safe, pleasanter to inhale, and producing the effect desired in a smaller quantity.

Insanity is said to be on the increase in some countries of Europe; and especially the form of madness called *folly* or *title-madness*. In 1861 there were only 184 cases in Prussia; in 1866 there were 236. Instances of ambitious folly have predominated. Among the patients struck with this form of mania, there were five false Napoleons (III.), two false Popes, one President Lincoln, three Grand Dukes of Holstein, three Emperors of Mexico, eight Kings of Prussia, two Emperors of Austria, one Count Bismarck, and ten Emperors of Germany.

The lectures of Dr. Anstie, of which I have spoken, were attended by the leading practitioners of London, amongst whom I recognized Sir Thomas Watson, author of the very popular work on the Practice of Medicine. An eminent medical man belonging to "young medicine," said to me, speaking of Sir Thomas, "he is a darling old gentleman; he is always attentive to young men in the profession, and encourages them and helps them along. He has retired from practice, and doesn't care for this thing, but has come to hear the lectures out of compliment to Dr. Anstie. Sir Thomas Watson is a stout old gentleman, with mild, benignant face, immense head, sparingly fringed with white hair, and the whole language of his body tells you plainly that he is "a darling old gentleman."

Speaking of this great author on Practice, reminds me of a compliment paid by Dr. Anstie, in his lectures, to our friend, Dr. Austin Flint. He spoke of him as "that excessively clever American physician;" of course, using "clever"

in the English sense. I find that, not only in Dr. Anstie's opinion, but with the profession generally in England, Dr. Flint's book on Practice ranks infinitely higher than that of Dr. Tanner.

Of the sphygmograph, without attempting a full description of it, it may, perhaps, be interesting to say that it is a small brass instrument, eight or ten inches long, which is fitted to the wrist by elastic bands. A lever on top of the instrument is moved by the pulsations of the artery, and on the free end of this lever is a pen, which writes upon a piece of smoked glass, moved along past the pen by machinery. Sometimes ink and paper are used instead of the smoked glass. The lines drawn by the pen vary in irregularity with the variations of the pulse.

One is astonished at some of the contrarieties of medical opinion in this great capital. For instance, there are accoucheurs here, of good standing, who still oppose the use of chloroform in labor, on scriptural grounds. They are regarded, however, as fossils in the profession, and are looked upon as curiosities, not authorities.

Mr. Lane and Mr. Gascoine, who were appointed by the Royal Medical and Chirurgical Society, to investigate syphilization, have made a report which kills that most unpromising operation dead. Henceforth, syphilization in England will only be named to be denounced or laughed at. *Hydrophobization*, or *rattlesnakization* would be fully as popular, if some fanciful individual should propose to prevent injury from mad-dogs, or snake-bites, by inoculation.

LUMFORD P. YARDELL, Jr.

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We are in receipt of the following announcements of Medical Lectures:—

*Berkshire Medical College*—a Summer Medical School

in Pittsfield, Mass.—Commences the regular course of lectures 13th of June, and continues eighteen weeks. The lectures are conducted by *six* regular Professors, and three Adjuncts. Fees for the course, \$75.00; Diploma, \$20.00. Thirteen graduates last session.

*Humbolt Medical College*—St. Louis, Mo.—Has *twelve* Professors and four Adjuncts. The regular course will open on 16th Sept. next, and continue *seven* months. Fees, \$105 for the lectures; \$20.00 for Diploma fee; and \$20.00 fee for the summer course of two months, commencing 15th May. Four graduates at last session.

*Medical College of Virginia*—Richmond, Va.—Has 8 Professors—Opens regular course 1st October, and continues five months. A summer preparatory course is held in the college, commencing 1st April, and ends the last of July. Fees for the regular winter course, \$120; Diploma fee, \$30.00. Sixty dollars is charged for the summer course, one half of which will be deducted from fees of the succeeding winter course. Twenty applicants had the degree conferred at the last session.

*Rush Medical College*—Chicago, Ill.—Has 8 Professors—Commences its session 3d Oct., and continues eighteen weeks. A summer preparatory course commences 1st Wednesday of March. Fees for the regular course of lectures, \$50.00; Graduation, \$25.00. At the last session seventy-one graduated in this institution.

*Medical College of the State of South Carolina*—Charleston, S. C.—Opens its next annual session the 1st of Nov., and continues four months. The Faculty consists of *seven* regular and *six* Adjunct Professors. Fees for the course, \$105; Graduation, \$30.00. Thirty-one received the degree at the end of the last session.

*Medical Department of the University of Louisiana*—New Orleans, La.—Has 7 Professors—Commences its course about the 1st of Nov., and continues four months. Fees

for the course of lectures, \$140; Graduation, \$80.00. Seventy-two graduates for last session.

*Washington University, Medical Department*—Baltimore, Md.—Has 9 Professors—Opens the first course of lectures about the 1st of Oct. next, and continues five months. Fees for the course of lectures, \$120; Graduation, \$20.00. A summer course, supplementary to the regular winter course, commencing first Monday of April, and concluding the last of July, will be conducted by an Adjunct Faculty of seven Professors.

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The following, by Dr. R. Newman, one of the Committee appointed by the "Medical Society of the State of New York," we publish with pleasure, hoping that such of our readers as have any information on the subject of "consanguineous marriages," will communicate it by letter to us, or directly to Dr. Newman of New York.

We feel an earnest desire to promote, as far as in our power, an extensive statistical report on this subject.

118 W. HOUSTON STREET,  
New York, July, 1867.

Sir,—

At the late meeting of the "Medical Society of the State of New York," it was resolved: "That a Committee be appointed to investigate and report upon the result of consanguineous marriages, &c."

If such marriages come under your observation, you will confer a favor by answering the following questions, and transmitting such report, before November next, to the undersigned, one of the Committee appointed:



1. Name (initials) and age of HUSBAND.
  2. Nativity.
  3. Age when married.
  4. Constitution.
  5. Health, deformities, peculiar diathesis.
  6. Health of his family, hereditary diseases, deformities, &c.
- 

7. Name (initials) and age of WIFE.
  8. Nativity.
  9. Age when married.
  10. Constitution.
  11. Health, deformities, peculiar diathesis.
  12. Health of her family, hereditary diseases, deformities, &c.
- 

13. How are the parties related to each other?
14. How long married?
15. How many children, or sterility?
16. Abortions; cause; how many, and at what period?
17. Children died, at what ages and from what diseases?
18. The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, &c.
19. Remarks and other information.

Hoping to receive your co-operation for the advancement of medical science,

I remain yours, most respectfully,

ROBERT NEWMAN, M. D.

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We publish the following letter, accompanied by a blank, for the report of any cases of Hepatic Abscess that may have presented itself. Feeling a desire to aid and encourage en-

terprising investigators, we do so, hoping that any of our readers who may have had charge of such cases will report them to us, so that we can arrange them on the blanks furnished.

The name, age, color, sex and residence of the patient is requested. Also, whether the Abscess was encysted; their position and number; how the matter was discharged; the symptoms attending, and result:—

CINCINNATI, OHIO.

Dear Dr.——

Will you fill up the enclosed blank and return it to me at your earliest convenience. Your report will be suitably acknowledged in my paper on the subject, which I desire to make up as quickly as I can.

Respectfully,

DR. WM. CARSON,  
Cincinnati, Ohio.

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*Proceedings of the College of Physicians and Surgeons, of  
Louisville, on the death of DR. ROBERT J. BRECKINRIDGE, JR.*

At a very full meeting of this body, on Monday evening, July 15th, Dr. D. W. Yandell addressed the Fellows as follows:

Since our last meeting this community has been startled by the painful intelligence of the sudden death of one who was long a fellow of this college, and for many years held a high position in his profession in this city. Dr. Robert J. Breckinridge, Jr., died of apoplexy, in Houston, Texas, on the evening of the 8th of July. The mournful duty of making this announcement is, perhaps, justly mine. The deceased and myself were play-fellows when children, were

schoolmates and fellow-students at a late period of our lives; subsequently we were professors in the same institution, finally we were surgeons in the same army, and always friends. Not a few of the other members of this college have been associated with Dr. Breckinridge in the medical schools of Louisville; to most he was known personally, and by all he was admired for his sterling qualities of head and heart. Few men were so genial, so social as the deceased; few so gifted by nature, so fitted to shine in his profession. In person he was noble; in manners he was polished, affable, and dignified; his temper was generous, and his sense of honor pure and lofty.

I beg to offer the following resolutions:

*Resolved*, That in the death of Dr. Breckinridge, this College has lost a distinguished Fellow, the medical profession one of its lights and ornaments, and society a member fitted by nature for eminent usefulness.

*Resolved*, That we sincerely condole with the parents and family of the deceased in their deep affliction, and that the Secretary of the College communicate to them a copy of these resolutions.

W. B. CALDWELL, President.

COLEMAN ROGERS, Secretary.

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Dr. de Jongh."*

Vol. VIII.

SEPTEMBER, 1867.

No. 7

ATLANTA

Medical and Surgical  
JOURNAL.

NEW SERIES.

EDITED BY

J. G. WESTMORELAND, M. D.,

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

W. F. WESTMORELAND, M. D.,

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

J. M. JOHNSON, M. D.

Pax et scientia, sed veritas sine timore.

PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE

ATLANTA, GA. :

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.



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ORIGINAL COMMUNICATIONS.

ARTICLE I.

*Valedictory Address on behalf of the Faculty to the Graduating Class in Atlanta Medical College, at the Annual Commencement, on Friday, August 30, 1867.* By J. M. JOHNSON, M. D.

GENTLEMEN OF THE GRADUATING CLASS.

I have been honored with an invitation from your distinguished teachers, to address you on this interesting occasion. It is the most important one of your lives, because you go forth under the sanction of the laws of Georgia, as Doctors of Medicine, prepared to commence the practice of the Healing Art; and for this purpose, and to this extent, you are recommended to the people, and to the brotherhood of medicine wherever the liberal sciences are taught. You go forth, therefore, from your Alma Mater, crowned with the best wishes and highest hopes of your teachers, the board of trustees, and the citizens of Atlanta. And in the name of each and every one, I tender you an earnest God-speed in the battle of life you are about to begin.



The dream of age, is, when I was a boy. The dream of youth, when shall I be a man. Many, in the sear and yellow leaf, looking back to the period of life from which you start to-day, would be but too happy, were it possible to begin life anew, so that profiting by their failures, and perhaps their errors and mistakes, they might add to their own happiness and that of others. But it is a well received maxim, that we are wise too late. The thoughtlessness of youth prompts the belief, that in attaining to manhood, the *ultima thule* of desire with the young, perennial flowers will cover his pathway, and new beauties and new charms regale him at every step. This delusion is dispelled by the stern events that meet him everywhere along the path of manhood. From to-day you begin to drink the bitter waters of experience in the capacity of practitioners of medicine. Hard and laborious as have been your struggles to meet the responsibilities of this hour, it will require harder and more laborious efforts still to fill, with credit to yourselves and benefit to your patrons, the new role in which your love of science calls you to act. Every friend of science must expect to be laughed at and even aspersed by the foolish, vain-glorious, and jealous. Such is the history of the past: A Carthaginian boy, at the age of sixteen years, laid his hand upon his country's altar and swore eternal enmity to Rome. He marched his army to her walls, and held her country for seventeen years. His sublime resolve placed him above the adulation of friends and the taunts of enemies.

If you will enter upon your career with the sublime inspiration that earnestness of purpose always carries with it, you will be an honor to your distinguished faculty, to your country, and to mankind. Under this pledge, which the acceptance of your diplomas leads me to infer, permit me to offer you a few thoughts on

#### LIFE—ITS OBJECT.

So vast are the ramifications of my subject, that I approach it with unaffected diffidence; nor can I hope to rise to the "height of the great argument."

Man is so variously and so wonderfully endowed, approximating angels in virtue, and demons in vice and crime, that but for ethical demonstration to the contrary, it would appear that fate had irrevocably fixed his destiny. But our system of education, imperfect as it is, and our holy religion, mingled, as is too often the case, with hypocrisy and infidelity; our philosophy tortured for convenience by prudent theorists from its rational teachings,—all demonstrate the perfectibility of human nature to the point where infinite love imputes the righteousness of the vicarious atonement, and transforms it from corruption to incorruption. We, therefore, assume that life has been given for an object, and that object, continual progression.

Life is made up of functions, which, in this connection, we apply to the body; of faculties, which we apply to the mind; and powers, which we apply to the soul. The body is a mass of matter, and without these co-existing principles, would fall into immediate decay; but with these manifestations, it is a grand whole, and capable of indefinite progression.

The body, directed by the mind, looks to all the contingencies that may surround it. It provides for day and night, summer and winter, sickness and health; seeks refreshment in food and drink, and restoration from toil and anxiety, in sleep; provides for its safety in the face of danger, cultivates an agreeable relation with every thing around it; moves in the graceful dance; from the little colony, it peoples a continent, fells the sturdy oak, plants the vine and orchard, subdues the wilderness, ploughs the ocean, scales mountains, annihilates distance, carries burdens, builds cities, organizes governments, erects monuments to perpetuate its glory,—and dies. This is the influence of mind over matters. Thus are its faculties excited, to exalt and adorn the rude abode assigned it by the great Master, and over which it presides, and which it controls. But I hear the inquiry, does mind also prompt to evil deeds?

and deform and debase the picture you have drawn by the blackest crimes? I answer, unhesitatingly, yes. I have the belief, and I state it fearlessly, but with all due reverence, that the soul or spirit comes from God, and takes up its abode with every young life, and by its contact, makes the intellect or mind immortal, and becomes the embodiment of the virtues of the good man, and finally his entity. But to him that fails to obey the great law of progress, or who falls by the way, it stamps the mind with immortality, and gives place to the fiend of darkness, which becomes his person and entity. The rejected soul, or spirit, thenceforth becomes an accuser and witness, and no traverse can impair his testimony; for the "blood of the covenant has been accounted an unclean thing."

Hence, the varied phases of human character, condition, and crime. Here it weeps with misfortune; there it strikes the assassin's blow: in one instance it exalts to heaven—in another it drags down to hell; brother lifts his hand against brother, father against son; kindness and cruelty, blessing and cursing. These are the scenes of every day life. But no matter what the body may do, it has been impelled by that faculty we call the mind, to the execution of it.

But the mind is also a pupil, and is under the direct guardianship of the soul or spirit. As soon as the period of adolescence dawns, the soul prompts the mind to inquire, Whence am I? What are the relations I bear to every thing around me? Who is God, and where is his habitation? Metaphysics, the starting point of knowledge, is the first study of the infant mind. Alas, that it should be so soon abandoned! and the little philosopher turned into the street to become a hardened adept in petty crimes, and mature for the pillory or prison.

These inquiries are the promptings of the immortal spirit; and this the foundation from which man must begin to ascend in the scale of morality and virtue. Passion and appetite, falsehood and deception, are the germs of moral

disease that must be checked before it mares and deforms and blights the immortal gem. The remedy for all this is found in Metaphysical Science. So simple and easy are its primitive lessons, that even the infant mind can grasp them; and yet so grand in its final results, that the great Newton exclaimed, that after all he had achieved in philosophy, he was but gathering pebbles on the shore of the great ocean of truth.

A system of perceptive education, with physics as a foundation, and taught orally, as the young mind could comprehend it, would direct it into the beautiful regions of philosophy, where truth flows in from perennial streams, and fills each blank in the young mind with lively images; typical of the great future to be opened in the different phases of natural and spiritual life through which he must assuredly pass. The neglect of a system of didactics, of which the above is not even an outline, you will learn in the progress of your experience, is the great crime of society and of States.

I am no casuist; nor do I propose to meddle with other peoples' consciences. But the glory of the primitive ages, as seen in the light of history, was their love of literature, of science, and the arts. Four hundred and fifty years before Christ, Philosophy, Poetry, Medicine, Architecture, Painting, and statuary were taught at Athens, Alexandria, and Rome. More than twenty-three centuries have passed, and yet Socrates and Plato, Hippocrates and Aristotle, masters then, are masters now. Thirty centuries ago, Homer sung of the siege and fall of Troy, in immortal verse. The genius of poetry inspired by Marathon, Lodi, and Waterloo; by Cæsar, Washington, and Napoleon; by the rise and fall of empires, peoples, and civilizations,—has scarcely brought forth a rival in Epic Verse. The text-book of Milton, Dryden, and Pope, confounding reviewers and critics, will hold the place for ages to come; it has held for centuries past. Painting is traced into the mythical ages, until inquiry is lost in the ruins of forgotten systems and peoples, and yet the great Angelo called them masters.

All these things live in our museums and libraries, whilst the mind universal is seduced from this grand center to the periphery, in the pursuit of materialistic objects, until one only purpose survives, to which all others are ends. The literature of our day is a whited sepulcher. In this department of human progress, genius, with its vastly increased facilities, has achieved but little. The art of printing has multiplied books; but in literature, with some exceptions, the development of great ideas has not been in proportion to materialistic inventions, to which object the genius of ages has been stimulated, and which has taken the lead in every department of life and business. As a consequence, infidelity fills your pulpits, congregations, and thoroughfares; mammoth, and not humility, constitutes the sinews of the church, as it does the beginning and ending of all other pursuits. Rail roads, steam ships, and telegraphs, have opened wide the avenues of commerce, stimulated speculation and traffic, until the world is little less than a theater for trespassers, adventurers, and hucksters. In our own country, the virtues developed by our institutions, it would seem, had perished with the great men who originated them. And we have bartered virtue for ambition, principle for expediency, liberty for despotism.

It has been beautifully said, "gold frits to dust, time rots the diamond"—even the worlds that "darkle" in the trackless void must perish. But the soul, sublime in its aspirations to behold the primeval glories of the burning throne, or in its capacity to endure the depths of black despair, must cleave eternity forever, where is kept no note of time. The great purpose of life is to escape the one and reach the other. And as the body is dependent upon the mind for every excellence that appertains to it; and as the mind is dependent upon the soul, or spirit, for the conception of its duties here and its destiny hereafter; so, in like manner, the soul, or spirit, looks up to the source of all true knowledge and perfection, and brings to him that hungers and thirsts,

food such as the angels eat. Mental and moral philosophy, or those branches of philosophy known as metaphysics, and which comprehend the science of the principles of all things existing—including, also, all the phenomena of mind and intelligence—as we have said before, is the alpha and omega of true mortal existence. Aided by the golden pages of revealed wisdom and love to guide your feet in the path of humility and duty, the object of life will be plain. But I warn you against perversions of both. Ingenious sophists abound every where, who, taking reason as their guide, deny every thing that reason cannot comprehend and explain. I need not warn you against this monstrous assumption. Reason cannot guide you in the things that relate to God, if you travel without the pale of revelation. Reason must be limited by facts—all beyond is speculation. The Bible has passed through centuries of criticism: it has been assailed by philosophers, historians, and poets; learning has wasted its treasures to confute it; wits and acrobats have ridiculed it; over-zealous, as well as unfaithful friends have brought reproach upon it,—and yet it lives, and it will continue to grow brighter until the perfect day; for it is the foundation of all government and all law—humane and divine. It has taken away the prerogative of Kings, and established the bill of rights, which even despots cannot assail with impunity. The beggar in his rags, or Dives in his purple, are equals before its sublime precepts. Wherever its empire has been established, altars and gods have fallen before it—and man walks forth redeemed from idolatry into the pure light of faith and love.

But, to conclude this branch of my subject, the great object of life is to be good, and wise, and useful. Ignorance is a great moral crime. The man who is wilfully ignorant, is the greatest of offenders: he offends against himself, society, and his God. Mind has been given him, that he may cultivate and adorn it. In it is gold, and silver, and diamonds; in it is honor and power; in it is present and future.

happiness. Then lag not behind—let there be no blanks in the noble tablet; but write immortality on every page.

The occasion that has brought me before you to-day, will probably be forgotten by most of this audience in a short time. Such pageants have their importance, nevertheless; and if only our mind is impressed, and one truth fastened, it may prove a telling result. Nothing truly noble can be accomplished without earnestness in thought, in action, and in will. Such men leave their impress upon the world; and it is to this that we are indebted for the progress that has been wrought out, beginning with the Genesis of creation and coming down to our day. Chance has its uses and results, good and bad, but it is blind; and he that depends upon luck for fortune or fame, is blind also. If attained in this way, it is generally a jewel in the wrong place.

All avocations, to be successful, must be directed by courage, earnestness, and a degree, at least, of practical wisdom. But to be a physician, in the true sense of the word, requires the very perfection of these qualities. I have seen farmers who planted imperfectly, and who scarcely cultivated at all, through the fertility of the soil and genial seasons, gather a plentiful harvest. I have seen the same kind of cultivation bring starvation to the door, under less favorable seasons; while the more industrious husbandman, under like circumstances, gleaned plentifully, because he sowed and cultivated with care. The physician who imitates the former, may not go without patronage; but he will never be the man upon whom a whole community will rely, or be willing to trust in the trying emergency of life or death. Such a man should abandon his profession, and engage in any thing else that will call forth all his powers. But what ought to be said of him to whom capacity has been given; whose mind has been cultivated and enlightened by education; who has drank to fruition of the pure waters of science; who has been vouched for by his teachers and professors, and recommended by them for the honors of graduation,—and who, on receiving

his diploma, pledges himself to honor it, and thereby do honor to the authority by which it is conferred—and, in the face of all this, falsifies his vows, grows weary of study, tires with the wholesome restraints imposed by conscience and duty, and seeing in his profession only the means for the accomplishment of ends, turns his back upon those who have so earnestly sought his elevation, prostitutes his high calling to the base purpose of quackery, deception and crime! Such a man, we say, unfit to be trusted or countenanced, deserves to have the mark of Cain upon his forehead.

In the prosecution of the future of your professional lives, think not of inglorious ease. The enemies you are called to combat, are neither weak nor few; and they make their assaults at all hours, and in all weather. You may be a preferred guest at the feast; but if the enemy invades your dominion, you must forego the joys of re-union, to meet and despoil him of his conquest. Weary and troubled, you may have thrown your head on the pillow to find in sleep the restoration you so much need, when again you are confronted by a distressed husband or father, who comes to you as his only earthly hope, and pleads not in vain, I trust, the timely interposition of your skill in saving, under Providence, the lives of those dear to him. But other thorns than those resulting from abnegation and fatigue may lacerate your feelings and mortify your honest pride. There is an old vulgarism which, alas, you will find but too true: "no man can please everybody." When you have done all you can, and the best you can, and perhaps the very best that human agency could achieve, the viper will hiss at your feet, and the raven croak from the house top. Jealousy, envy, and malice, will startle you with its tongue of poison. It may even unsettle the confidence of your friends, and fill them, also, with distrust.

There is but one safeguard against this, and that is found in constant vigilance—a vigilance that never tires. You must be not only what your diploma imports, a medical



philosopher, but you must be thoroughly acquainted with the opinions of the fathers of the profession, and of your cotemporaries also. In the battle of life, which from to-day you begin, you are sure to fall bleeding and helpless, if you undervalue the ability or shrewdness of your adversary. The universality of the literature of medicine, its accepted truths, founded on the experience of wise men, and faithfully preserved to our own time, will be to you a pillar of cloud by day and of fire in the dark hours of calumny or neglect. To this earnest study, if you add purity of character and a sacred regard for truth, the world will appreciate and honor you. But if addicted to the folly of boasting and exaggeration, intemperance, gaming, or neglect of business, your enemies will strike through all these, and even your best friends will not be able to defend you.

After all, you must look within your own hearts and to your own consciences for your reward. You will surely never grow rich by the practice of your profession. I need not attempt to prove this,—it is patent to every body. For this, the world will give you no credit, but make it a part of your condemnation, that you have charged high, wasted your money, and died poor, because you have not flaunted your charities, as some do, in the faces of all men. You must be a perpetual tax-payer and contributor, to the very public that thus asperse you. You will help to build up churches and schools, take a leading part in all public charities, and in addition, give full one half of all you make, in time, services, and money, to the poor; and after thus contributing, find yourselves taxed by Corporations and States, as though your profession was a trade. You will be exposed to contagion and pestilence. Public opinion will brand you with desertion and cowardice, if you flee the post of danger. Therefore, you must face the enemies of health and life, no matter under what guise they come; and if you fall a victim, content yourself with being forgotten, except by those who love you, before the first decade has passed.

In entering upon the duties, now newly opening before you, bear in mind what I am about to say, and carry with you throughout your lives these words of solemn truth. Labor, privation, poverty, martyrdom; some one of these hard conditions, and perhaps all of them, is sure to be your lot, as they have been the lot of your predecessors for more than two thousand years. They founded an art that has done more to bless mankind than all the discoveries of human genius beside, and found their reward in the good they have achieved for suffering humanity. Like them, you must bide your time in this world, and look for your reward where alone duty performed can be properly, and will be surely, rewarded. With all the lights before me, it is difficult to say what are the motives that impell men to the study and practice of medicine, other than the most exalted known to man. Money-making is the passion of man, with rare exceptions. For this they dare everything. Even family, friendship and reputation are cast aside by the votaries of the strong box; and every man's importance is measured by his purse. The still small voice that appeals from the inner temple, warning us of the danger of riches, stifled at first, is finally put to flight, and with its going, the last touch of sympathy is dried up, and the last noble emotion of the soul perishes forever. I need not warn you to beware of riches; for there is no margin in the profession you have chosen, to nurse and cultivate a love of them. You are actuated, I trust, by higher motives. The kindlier and holier feelings of the human heart must be kept constantly in the ascendency, if you would hand your names down to posterity, enrolled high on the list of benefactors of mankind. Strive, therefore, to deserve a just fame, won in the cause of humanity; and at the close of your lives you can say, with the inspired man, "I have fought a good fight."

One word to my fair friends before I close. It is no idle eulogy to say of woman, that she is "Heaven's best gift to man." The first to sin, she has been the first to atone; and

her atonement has won for her the title of "Mother of the Son of God." In Eden she was covered with shame. As the mother of nations, she has clothed her children with honor; and in her exaltation, she will appear in heaven, clothed with the sun. No abasement so deep, no atonement so complete, and no exaltation so glorious. Behold the pageant before you to-day—this is your achievement; look at the world's civilization—this you have won from barbarism; man, the slayer of his brother, now meekly kneels with you at the altar of prayer; led by your suffering, gentleness, and virtue, he casts himself at your feet, exalts you from the condition of a slave to a help-mate at his side: and immortality is the prize for both. Go on in your career; pause not before obstacles; your work will not be completed, until poverty and crime, hunger and nakedness, sin and death, are banished from the world: then will your "conquests be borne through the emerald gates of the new Jerusalem, and laid at the feet of the immortal King."

---

## ARTICLE II.

### *Gun-shot Wound of the Neck—Injury of the Spinal Cord.*

By SMITH MALONE, A. M., M. D., of Athens, Ala.

James D. Grubs, a member of a Tennessee Cavalry Regiment, was wounded in the town of Athens, Ala., on the 24th September, 1864, in a battle fought between the Confederates, under General Forrest, and the U. S. forces—81st Ohio Regiment—under Lieut. Col. Elliot, sent from Decatur to the assistance of the negro garrison, stationed here, under Col. Campbell. Grubs was found the morning after

the battle, with "his neck broke." He was carried to the hospital, some quarter of a mile, where he remained a few days, the surgeons expecting that each day would be his last; but continuing to live, he was again moved about the same distance, to secure better attention. He remained in this ~~family~~ <sup>hospital</sup> three weeks, when it became necessary to move him again, about the same distance.

I saw Grubs, for the first time, on the fifth day after he received his wound. I found him suffering greatly, complaining of his neck and bowels; the latter being *extremely* painful; his pulse 142; his extremities cool, very much ~~se-~~ and excessively restless. On examining his wound, I found a ball had passed through his neck, and as well as I could ascertain, had cut across the spinal marrow, perhaps the posterior half of it. Grubs was managed as well as we could under the circumstances. He lived fifty-one days, and finally succumbed, it seemed to me, from dysinteric symptoms; attended with extreme and persistent nausea. His bowels, at times, gave him so much pain; before the development of the dysinteric symptoms, that spasms and tetanus were thought to be imminent. Voluntary motion was almost entirely lost; he had a little use of his left hand. His evacuations were only partially under his control, but never required the use of an instrument for their withdrawal.

On the 51st day he died, and in four hours an examination was made of his neck, with the following result: The ball had passed through the lamina of the fourth cervical vertebra, dissectioning entirely the lamina attached to the vertebra from the spinal portions, so that the spinal portions of the bone were lying loose in the half formed sack around the injured bone. The sheath of the spinal marrow, posteriorly, was cut across, and about 4-10ths of the spinal marrow itself, was severed. The internal wound, including the sheath of the cord, was filled with an offensive, sanious pus, tinged with blood.

## ARTICLE III.

*Diphtheria.* By REUBEN SEARCY, M. D., Tuscaloosa, Ala.

There being such a diversity of opinion in the treatment of Diphtheria, I have concluded to give the result of my experience. No doubt there is a specific morbid poison that has entered the system, and located on the tonsils and throat, but in what way I cannot tell, or from what cause it has originated, is equally obscure; consequently, the treatment is experimental.

At first, I adopted the plan recommended, of cantherizing the ulcers in the tonsils with the nitrate of silver, opening the bowels with aperients, gargling the throat with red pepper tea, seasoned with salt, and stimulating applications to the upper part of the neck, externally. Some got well, others died; the disease assuming croupy symptoms, and leading to the formation of false membrane. In one instance I performed the operation of tracheotomy, which prolonged the suffering of the child several hours. I do not remember of relieving a case after the formation of the false membrane, although I used hot vapor inhalations to dissolve the membrane, and emetics to dislodge it, together with the application of kerosene externally, hoping, by its blistering properties, to translate the inflammation to the outside surface—all to no purpose. I afterwards succeeded better in curing the disease with muriated tincture of iron. I now treat the disease with a saturated solution of the chlorate of potash, acidulated with muriatic acid; i. e. one hundred grains of the chlorate of potash, into four ounces of water, adding one drachm of muriatic acid. To a child ten years old, give a teaspoonful every two hours, in water or sweetened water, and less to younger children. I directed two pieces of fat bacon to be sewed to a piece of cloth and bound to the neck over the tonsils, and to be worn until

convalescence. Also, when the skin of the body is hot and dry, to rub the patient all over with a piece of bacon rind, then wash off with warm water and soap. This always lessens fever, producing sleep and perspiration. This should be repeated as often as the hot dry skin requires. Gentle aperients, gruels, teas, &c., should be directed, but an active purgative or emetic should never be used. I have been uniformly successful, for one year and a half, since adopting the above practice.

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#### ARTICLE IV.

*Extract from Minutes of Atlanta Medical Society.*

ATLANTA, JAN. 22, 1867.

On the call for report of cases, none being presented, the regular subject for discussion, *Post Partum hemorrhage*, was taken up.

*Dr. Douglas* said there seemed to be two particular causes leading to this difficulty—the presence of the placenta and simply inertia of the uterus.

*Dr. Word* rose merely to say that, in the treatment of this hemorrhage, he had been in the habit of using lead and opium, manipulations, ergot, and cold applications, and had never seen a fatal termination; had read in some work of the styptic effect of ipecac, but had not used it.

*Dr. W. F. Westmoreland* mentioned a case of hemorrhage following delivery before full period of utero-gestation, in which it was necessary to keep the finger in contact with the os, as the only means which seemed to promote contraction of the womb with certainty.

*Dr. Orms* thought it necessary always to guard against this accident by proper manipulations over the surface of the abdomen, so as to insure the proper contraction of the womb.

*Dr. Johnson* had found nothing so certain in the arrest of uterine hemorrhage after delivery, as ice introduced into the womb. He had no confidence in lead, but had sometimes found benefit from ergot; had, in an obstinate hemorrhage, introduced a piece of ice nearly as large as a goose-egg, with prompt relief.

*Dr. O'Keefe* had never been very much troubled by this accident. His custom is to remove the placenta immediately after the child is handed over to the nurse, and by this prompt relief to the womb, encourage the natural contraction of the organ, thereby preventing the liability to hemorrhage.

*Dr. W. F. Westmoreland* asked permission to mention a case not exactly germane to the subject before the society. A lady to whom he had been called, now five months advanced in pregnancy, has been suffering with *flooding* for the past month, when assuming the erect posture. Pain preceded for several hours the commencement of the hemorrhage. He found but little trouble in arresting the discharge, requiring only to place the patient in the horizontal position, and give an opiate. He found opium alone equal to the combination of lead and opium.

*Dr. O'Keefe* thought the case just mentioned may be conducted safely to maturity, by confining the patient to the recumbent position. He had met with a similar case in which this system was enforced, and with the reward of a well developed child, carried the full time of utero-gestation.

*Dr. Johnson* remarked, that he had found the use of quinine highly beneficial in arresting hemorrhage, such as described.

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TUESDAY EVENING, JAN. 29, 1867.

On the call for report of cases,

*Dr. O'Keefe* said he had none of importance to report,

but wished to call the attention of the Society to Uterine Pathology. We are all, he said, called upon to treat cases where pain in the back and loins, leucorrhoea, hemorrhage, &c., &c., exist as the result of prolapsus, induration, engorgement, ulceration, ante-flexion, ante-version, and retroversion. In the treatment of such cases, the result is not generally very satisfactory. Where there are abrasions on the os or neck, resort is had to cauterants; where engorgement exists, to leeches; and if the general health be feeble, to tonics. If there be displacement, no attempt is made to correct it by the ordinary mechanical contrivances in use for this purpose, such as the uterine sound and pessaries; for such are found to be of no advantage. He desired to hear the experience of members of the Society in the management of such cases.

*Dr. W. F. Westmoreland* thought the experience of most physicians would sustain Dr. O'Keefe's opinion. He thought mal-position exists in at least half the females; and that in married women, there is no fixed position for the uterus. Congestion being the most frequent cause of these troubles, leeches are relied on in the treatment of most of them; even in ulceration, when the caustic fails to relieve the lesion, they may be applied with great advantage. Pessaries he regards as useless, to say the least of them.

*Dr. Boring* differed with Dr. W. in regard to cauterization. He has found much benefit from the use of it once a week, together with chlorate potassa and decoction of oak bark as injections. In order to restore the secretions, he generally resorts to mercury in the outset. Whenever these derangements occur, he believes some mal-position present.

*Dr. W. F. W.* rose to say Dr. Boring had misunderstood him. He did not object to cauterants, but give preference to local blood-letting.

*Dr. Douglas* rose to say, he thought all mechanical means for the cure of such affections unphilosophical. That he relies on general treatment and the plan proposed by Drs.



O'Keefe and W. F. Westmoreland. Such cases, in his opinion, are rarely cured perfectly.

*Dr. O'Keefe* referred to the obstacle these uterine derangements offered to conception, and the duty of the females under these circumstances.

*Dr. W. F. Westmoreland* thought sterility rarely depended upon displacement of the womb, but on its peculiar condition, and the deranged secretions washing out the spermatozoa.

*Dr. Word*, in well defined ulcers, can promise a cure generally, if the woman be otherwise healthy ; but if the strength of the patient has been lost, failure will follow our efforts to cure. He prefers creosote to caustic silver, in most cases.

## SELECTIONS.

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*Inflammation of the Uterus. (Being a Translation from the German of "Klob on the Pathological Anatomy of the Female Sexual Organs.")* By JOSEPH KAMMERER, M. D., and B. F. DAWSON, M. D., New York.

The inflammatory processes to which the uterus is subject, affect either its *muscular substance*, its *mucous lining*, or its *peritoneal covering*. The latter will be discussed with anomalies of the uterine ligaments and peritoneum.

### *Inflammation of the Muscular Substance of the Uterus, Metritis.*

Inflammation of the substance of the non-gravid uterus seems to be one of the rarest affections to which this organ is liable and if some uterine pathologists doubt the existence of such a disease, and explain the cases diagnosed as metritis, as cases of perimetritis, pathological anatomy, considering the small number of semi-authenticated post mortem cases, must pronounce upon it with some reservation. I have not met with a single case, which with any degree of certainty, I could pronounce to be one of genuine metritis, and I therefore borrow the following description from other authors:

*In acute parenchymatous metritis* the uterus, especially in its upper third, is found to be enlarged (even to the size of a goose's egg,) thickened anteriorly and posteriorly, and reddish or bluish red, in some places more than others. The substance of the uterine walls is very succulent, and marked with small extravasations, and a viscid fluid can be expressed from it containing free nuclei and a small quantity of pus corpuscles. In many the uterine tissue may be so softened as to occasion larger extravasations with destruction of tissue. The mucous membrane of the fundus and body is vascular, reddened and relaxed; that of the cervix is generally normal. The vaginal portion of the uterus is tumefied, cedematous and eroded, and the papillæ are sometimes distinctly prominent.

The most obvious alterations in the inner layers of the uterine substance resulting from acute parenchymatous metritis occur in that portion of the organ which contains the largest amount of *connecting tissue*; the inflammatory action generally extends outwards, giving rise to *perimetritis* and *pelvic peritonitis*, and is frequently combined with *eneolpitis*, *metrosalpingitis*, and *oophoritis*.

*Acute parenchymatous metritis* may terminate, 1st, in resolution with absorption of the exudation and a return of the uterus to its normal size; 2d, in consequence of the inflammatory action, proliferation of connective tissue may ensue resulting in permanent enlargement or induration of the substance of the uterus; 3d, as it is incorrectly stated, acute metritis may become chronic, and chronic engorgement be developed.

Kiwisch makes three distinct forms of parenchymatous metritis; 1st, metritis with œdema of the uterus, which according to his description may be considered as hyperæmia with intumescence from transudation; 2d, metritis with increased firmness of tissue, or acute infarctus of the uterus, and finally, 3d, hæmorrhagic metritis.\*

A farther termination of parenchymatous metritis is the extremely rare formation of an abscess in the substance of the uterus. Bartholin's observation (the uterus of a girl 13 years old, filled with ulcers) does not seem to belong to this class; but Reinmann (in Voigtel's work) describes an abscess of the uterus which opened externally through the abdominal walls. Seanzoni also observed an abscess, the size of a goose's egg, in the right circumference of the fundus uteri, which ruptured into the peritoneal cavity. Bird (*Lancet*, Feb. 1844,) describes a case in which an abscess situated in the posterior wall of the uterus, opened into the rectum.

The directions in which a uterine abscess may perforate, vary, of course, according to its situation; it may open inwardly into the uterine or vaginal cavity, or outwardly. If adhesions exist

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\* Any one unprejudiced must be struck with the uncertainty of the great gynecologist in his description of metritis and his rather unsuccessful attempt at classifying it. His description of serous metritis is deficient of all anatomical requisites of inflammation; in "acute infarctus," an analogy to chronic infarctus was intended, which latter he was unwilling to drop; for he (Kiwisch) says, that the more acute the affection (that is, metritis with increased firmness of tissue) the more relaxed the uterine tissue is found. Finally, hæmorrhagic metritis is nothing else but acute uterine catarrh with hæmorrhage.

between the uterus and neighboring organs, the abscess may perforate externally through the anterior abdominal wall, or into the bladder, cæcum, ileum, and sigmoid flexure of the colon, or the pus may barrow between the folds of the broad ligaments into encysted portions of the abdominal cavity (recto-uterine or vesico-uterine spaces;) or lastly, it may pass directly into the peritoneal cavity, which latter occurrence is always followed by general peritonitis. A uterine abscess may also cause death from metastatic processes, or the long duration of the purulent secretion may exhaust the patient.

Acute parenchymatous metritis generally arises from acute catarrh of the uterus.

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### *Inflammation of the Mucous Membrane of the Uterus.*

The inflammatory processes occurring in the non-gravid uterus are various, and we may distinguish as the chief forms of such processes, *catarrhal* and *croupy* inflammation. To this I will add the anatomical description of the so-called *membranous dysmenorrhœa*, as I am persuaded that this morbid process is more an inflammatory derangement than any other. Catarrhal inflammation of the uterus, as elsewhere, is divided into the acute and chronic form.

### *Acute Catarrhal Inflammation of the Uterus.*

Acute catarrh (catarrhal endometritis) affect the whole mucous membrane of the uterus, but chiefly that of its body and fundus, whilst that of the cervical canal is rarely affected.

In this affection the mucous membrane of the body and fundus uteri may be so intensely injected as to appear dark red, tumefied and velvet like; the utricular glands, however, are not so much elongated as during menstrual fluxion; the membrane is also so softened that it may readily be removed, or scraped off with the handle of a scalpel. In the higher degrees of this disease small round striated extravasations are seen scattered over the mucous membrane as dark red spots.

The mucous membrane of the cervix uteri is more injected than swollen where it covers the turgid follicles; that of the

vaginal portion of the uterus is generally of a darker red. In virgins the os uteri is transformed into a small round depression, owing to the tumefaction of the vaginal portion, the mucous follicles of its lips are enlarged and frequently have small erosions between them, and the papillæ of the vaginal portion are visible to the naked eye, especially at the edges of the above mentioned erosions.

The whole uterus generally appears to be increased in substance, and its tissue more vascular and succulent, especially in the layers nearest the mucous membrane. The cervix, beyond increased succulence, hardly exhibits any alteration, whilst the vaginal portion is hyperæmic, tumefied œdematous, and sometimes of a spongy softness. .

At the outset of inflammation, the mucous membrane of the body and fundus uteri secretes a thin clear mucus, which, as the inflammation progresses, becomes viscid, thick and turbid from the admixture of desquamated epithelium. In regard to the latter, it is necessary to state that in many cases the glandular utricular follicles cast off their entire cellular coverings, which latter are found in the mucus as collapsed casts. Nylander and Virchow have observed a similar expulsion of the whole contents of glands during menstruation, and I have repeatedly found the same in various tumefactions of the uterine mucous membrane. Finally, the color of the secretion changes to yellowish or yellow, and from the admixture of purulent elements it becomes cream-like.

Uterine pathologists assert that chronic uterine catarrh is generally associated with derangements of menstruation, and that conception is not impossible, but rarely occurs when it exists. It is an interesting observation that females who have suffered for a long time from blennorrhœa have a pre-disposition to the occurrence of *placenta prævia*.

The frequency of chronic catarrhal endometritis being complicated with chlorosis, scrofula, tuberculosis and diseases of the heart, is a fact universally admitted, and the profuse secretion and purulent discharge contributes not a little to the complete exhaustion of the patient. In scrofulous and tuberculous girls, chronic uterine catarrh generally sets in at the period of puberty,

and is combined with *amenorrhœa*. As a sequel to the catarrh in such cases, the various proliferations of the mucous membrane rarely occur; but the catarrh sometimes preceeds tuberculosis of the uterus.

It is different with the secretion of the cervical portion; its glands at the outset of the inflammation undoubtedly secrete a larger quantity of, and a thicker mucus. Nabothian vesicles are developed and the fluid contained in them presents the turbid cloudy appearance previously mentioned, finally becoming whitish or white. If the inflammatory process increases in intensity, the mucus becomes deliquescent, and on opening such a vesicle its entire contents flow out like water in which the cloudy turbescence appears in streaks. These vesicles, however, burst spontaneously, and the hypersecretion of the cervix becomes very fluid and finally purulent. In no other secretion do we so frequently and distinctly observe a so-called *cellular halo* (cells having no investing membrane.) Kölliker and Scanlon sometimes also found a few fungi with round branches, similar to those seen in fermenting liquids, and isolated vibriones. I must not omit mentioning that the cell of the secretion are often disposed in rows like strings of beads.

Acute catarrhal endometritis rarely or never occurs before puberty; after that time, however, it is quite frequent. Duparoque states that, in females who have sexual intercourse, the mucous membrane of the cervical canal is always the first portion affected, and that from thence it spreads to the mucous membrane of the body of the uterus.

As causes of this affection we find mentioned, colds taken during menstruation, excesses in drink and sexual intercourse, infection with gonorrhœal virus (virulent catarrh,) and other diseases such as typhus, dysintery, cholera, general tuberculosis, and diseases of the heart (metastatic constitutional catarrh, *Kiwisch*.)

Acute catarrh has a tendency to extend to the oviducts, and undoubtedly from them to the peritoneum; it sometimes also causes inflammation of the peritoneum independent of any such process in the oviducts. It may extend downwards to the vagina, unless it has originated there and extends upwards to the

uterus; acute parapachymatous metritis, as previously mentioned, may also arise from it.

This affection may terminate in resolution, but in the majority of cases it passes into the chronic form.

The so-called hydorrhoea of pregnant females is considered by some to be catarrh of the gravid uterus, and it seems reasonable to suppose that a portion of the uterine mucous membrane, unlike the rest, may not be transformed into a decidua and consequently cause increased transudation from the hyperæmia connected with pregnancy.

### *Chronic Catarrh of the Uterus.*

Chronic catarrh of the uterus, a condition frequently met with, is characterized by a constant irritation of the mucous membrane of the uterus often combined with considerable hypersecretion.

The mucous membrane of the body and fundus uteri is generally swollen, but not always highly congested in the dead body; on the contrary, rather pale, and especially when it is considerably intumesced, of a bluish gray color. We find scattered throughout it numerous dots or specks of pigment, generally gray or blackish gray, but rarely of a rusty dark brown color. The surface of the membrane is either smooth, or papillary and uneven, the latter being especially the case at the posterior wall, which is sometimes covered with various secretions, and growths resembling granulations. The mucous membrane is also generally softened and more succulent, but can rarely be separated from the uterine wall in as large pieces as in acute catarrh.

The cervical mucous membrane is likewise injected at various points and covered with viscid secretions; Nabothian glands are numerous developed and exceedingly distended. The transverse folds are intumesced and sometimes even oedematous. The vaginal portion is frequently enlarged, its tissue in a state of spongy relaxation, and its external surface affected with papillary hypertrophy. On its inner surface the swollen mucous follicles are prominent, and the os frequently dilated. In the majority of cases the latter is surrounded with excoriations and even with granulating ulcers.

The ~~secretions~~ in some cases of chronic uterine catarrh is often enormous (blennorrhoea,) but in others it is slight, there is generally, however, a marked hypersecretion. The mucus secreted is turbid or even purulent in various degrees, but rarely mixed with blood (excepting shortly before or after menstruation) (*Scanlon*.)

The uterine substance is either affected with a diffuse growth of connective tissue, in consequence of which it becomes denser and firmer, or, it is flaccid and markedly atrophied. In the latter case the cavity of the organ is often much distended, especially in those cases where the cervical canal is occluded by the well known glassy mucus.

When chronic catarrh is of long duration, the mucous membrane, especially that of the body and fundus, undergoes important anatomical changes; its glands, either from constriction or atrophy of their superior portions, frequently change into small cysts, or are cast off, which latter occurrence, especially when the cavity of the uterus is distended, gives the mucous membrane a net-like appearance.

The ciliary epithelium which was cast off at the outset of the disease has been replaced by cylindrical epithelium; finally this also is cast off and *polymorphous lining cells*, which can hardly be called true basement epithelium, occupy its place. In some cases we also notice a desquamation of the epithelium, erosions, and small, smooth lined depressions evidently caused by the rupture of small cysts. It is probably owing to this development and rupture of cysts that the delicate ridge-like elevations are formed, especially at the internal orifice, which give rise to adhesions.

While, as above described, the epithelium is transformed and the glands become atrophied, the mucous membrane also becomes thin, and finally is replaced by a thin layer of connective tissue, which is covered by the polymorphous cells mentioned. More rarely we find the mucous membrane transformed into a *cellous stratum* varying in thickness and attached to the submucous connective tissue, and there in the above mentioned stratum we find small cysts which are the remains of degenerated glands (*Recklesky*.)



More frequently the dense sub-mucous stratum, especially at the borders of the internal orifice, becomes atrophied and Nabothian vesicles are developed in it, thus causing a predisposition to uterine flexion.

The consequences of chronic catarrh of the uterus have already been described; they are, circumscribed proliferations of the mucous membrane, glandular and cystic polypi, also fibrous polypi when the sub-mucous tissue has a tendency to proliferate; perhaps also fibroid tumors will be developed if the formative action is sufficiently increased. After the development of such growths their presence seems to occasion a constant irritation and thereby favors the continuance of the chronic catarrh. Hydrometra and hæmatometra may also be developed in consequence of adhesions.

Chronic uterine catarrh generally proceeds from acute catarrh, and sometimes occurs in consequence of the puerperal state. It is also readily developed in cachectic women, and lastly, may be caused by the virus of gonorrhœa. In young women and prostitutes it is said to occur as a consequence of masturbation. It is said to extend down to the vagina and up to the oviducts, and in the latter case especially, it leads to serious consequences; sometimes, however, it originates in the vagina and spreads by continuity.

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*Novelties and Improvements in Medicine.* By HENRY GIBBONS, M. D.

#### THE LARYNGOSCOPE.

The speculum, in its various forms, brings into view those objects alone which are in a direct line with the eye. As the larynx is not in a direct line, it can be examined only by an apparatus which enables us, as some one has expressed it, to "see

round a corner." Such is the Laryngoscope. It does not, however, bring the larynx itself into view, but the image of the larynx, reflected from a mirror. The little mirror of the dentist, with which he explores the back parts of the teeth, and which was used in the days of Celsus, is the basis of the Laryngoscope.

More than fifty years ago, Bozzini, a German physician, invented what he called a *Light-Conductor*, or an "Apparatus for the Illumination of the Internal Cavities and Spaces in the Living Animal Body." The idea was caught up with avidity by some medical inquirers, and carried to the absurd extreme of supposing that not merely the outlets of the body, but even the internal viscera could be inspected by the apparatus. The Faculty of Physicians of Vienna condemned the invention, and it passed away.

The subject was revived at different times. In 1829, Dr. Babington exhibited at the Hunterian Society of London an instrument which he called a *Glottiscope*, being a near approach to the present Laryngoscope. A similar instrument was invented in Paris, by means of which it was claimed that the vocal cords could be seen. But as late as 1837, Trousseau devoted several pages to prove that this was impossible, and that the epiglottis formed an insuperable impediment to a view of the interior of the larynx.

In 1854, Garcia, a singing-master in London, conceived the novel idea of observing in his own person the movements of the interior of the larynx during singing. Garcia appears to have been claimed by as many homes as the blind poet of Greece. He resided in London, was a Frenchman by birth, and a Spaniard by descent. His investigations were made wholly on himself, and he succeeded fully in observing and describing the action of the vocal cords during inspiration and vocalization. He employed two mirrors, a small one fixed to a long stem suitably bent, and applied to the pharynx so as to receive the image of the larynx from beneath, and a large one which served the double purpose of throwing the light on the little mirror and enabling him to see the image formed on it. This was substantially the apparatus of Babington.

It was reserved for professor Czermak, of Pesth, in 1857, to

take advantage of the inventions and observations of his predecessors, and to improve the instrument, and establish its character as a means of diagnosis and treatment. It has been hinted that he owed his success and the immortality which it has secured for him, to his own remarkably capacious pharynx, small tonsils and uvula, and large laryngeal aperture, which enabled him to practice with facility on his own person. Although many ingenious persons in all parts of the world have been constantly engaged on the subject, they have made no improvement on the apparatus of Czermak.

The mirror which is designed to receive and reflect the image of the larynx is round or oval in form, and something less than an inch in diameter. It is attached to a handle several inches in length, at an obtuse angle corresponding with the position of the roof of the pharynx in relation to the horizontal palate. The back of the mirror is pressed up against the uvula and into the cavity of the pharynx, from which position it looks down upon the glottis, and receives the image of the laryngeal aperture and its surroundings. In some instances, but not often, it is necessary to use a spatula to depress the tongue.

Mirrors of various forms and sizes are employed to meet particular cases. They may be made of metal or of looking glass, the latter being preferred. Before introduction, the mirror is warmed, to prevent the condensation of moisture on its surface.

A second mirror is so applied as to direct a volume of light upon the little mirror resting in the pharynx, and so upon the parts to be inspected. A circular mirror three or four inches in diameter is employed for the purpose, having in its centre a small hole through which the observer looks, with one eye, and sees how to illuminate the small mirror, and to take note of what it reveals. The large illuminating mirror is fastened on the forehead of the observer by a sort of spectacle frame, so that the hole in its centre shall correspond with one of his eyes. If the sun-light be used, a plane surface is proper, but if artificial light, a concave one. The artificial light, of whatever kind, stands at one side of the patient's head. Lanterns and contrivances of various kinds, less simple than that described, have been invented, to suit the fancy of observers.

It will scarcely be expected that the examination of the larynx as described can be readily accomplished without some tact and experience. There are several important matters to be observed in the process which it is not necessary to introduce here, as my only purpose is to give the reader a general idea of the subject. Any one undertaking the performance would equip himself by minute study of some treatise on laryngoscopy.\*

"In some cases, on introducing the laryngeal mirror, only the epiglottis may be visible; while in others the entire length of the vocal cords, the ventricular bands (false vocal cords,) the small cartilage above the glottis, the large cricoid cartilage, the rings of the trachea, and perhaps even the bifurcation of the bronchi below it, can be seen with perfect distinctness. The view varies in different cases between these two extremes."

From what has been stated, it is easy to form an estimate of the value of this means of diagnosis, and to appreciate, also, the value of the apparatus as an aid to treatment. Thus, applications are made to the larynx with skill and accuracy, in the form of solutions, powders, nitrate of silver and other escharotics, and galvanism; the parts are scarified, and morbid growths are extirpated. The reader will excuse me if I introduce a few illustrations of the mode of treatment, taken from the works referred to.

**Case 1. Cystic Tumor cured by puncture.**—The patient was nearly strangled by some obstruction in the larynx, which, on examination, proved to be a large, soft tumor, concealing the glottis. The tumor was opened by a sharp-pointed bistoury, partially surrounded with sticking-plaster. A sudden gush of glairy fluid took place, with a little pus and blood. All the symptoms were at once relieved, and in the evening he was singing in bed. In a few days he was perfectly well, and so continued: (Durham.)

**Case 2. Chronic Edema; Scarification.**—C. C., aged 22, had great dyspnea, hoarseness and pain in the throat for more than two years. For more than a year had not been able to lie down at night. A large tumor was seen projecting across the

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\* For this purpose, see "The Laryngoscope in diseases of the throat," by Mackenzie, or "Rhinoscopy and Laryngoscopy" by Semmeler.

**larynx**, of a deep red color. **Diagnosis**, chronic edema of larynx. A strong solution of nitrate of silver was applied every other day for a month without much benefit. Then the tumor was scarified, which caused the discharge of a considerable quantity of blood and frothy fluid. Two days afterwards, no material change having occurred, the tumor was again freely lanced. Next day he was greatly relieved; had slept well for some hours and awoke refreshed and comfortable—a pleasure he had not known for more than two years. Swelling much diminished. Scarification repeated. In one week from the first scarification, he felt quite well, and wished to go to work. The voice was a little hoarse at first, but soon became natural, and the respiration entirely free from embarrassment. (*Mackenzie.*)

**Case 3. Warty Growths removed by Forceps.**—*Mrs. A.*, aged 35, had not been able to speak above a whisper for two years. On examination, a number of warty excrescences were seen on and beneath the vocal cords. A strong solution of nitrate of silver produced too much dyspnea to warrant its continued use. The forceps were resorted to, and after repeated trials and much difficulty the excrescences were entirely removed. A month afterwards the voice was completely restored, and she continued well. (*Mackenzie.*)

Other cases are on record still more striking, the voice being speedily restored by the removal of warts or polypi after five, seven, or nine years of complete aphonia. In one instance, a child was said to have swallowed a fish-bone, and not being relieved by the probang and other means, and croupy symptoms intervening, the laryngoscope disclosed a small bone nearly concealed behind the larynx. It was removed, though not without much difficulty.

Important negative results are sometimes obtained by the use of the laryngoscope. In a number of instances in which tracheotomy was contemplated for the relief of dyspnea, the instrument revealed no obstruction in the throat, and consequently led to the abandonment of the operation. Aortic aneurism in some of these cases was finally diagnosticated.

Galvanism, applied to the vocal cords, has been followed by some remarkable results, in functional aphonia and in vocal weakness without structural disease. An instrument was introduced

by Mackenzie, and has been extensively employed by himself and others, by means of which the electric current can be applied to the arytenoid cartilages so as to stimulate both branches of the pneumogastric nerve. One of Mackenzie's patients was a lady who had lost her voice from a cold, and had not spoken above a whisper for two years. The vocal cords were found to be perfectly healthy though relaxed. A single application of electricity restored the voice immediately. In another patient, whose loss of voice was of two years' standing, the first application was unsuccessful; but after the second, an improvement began, which resulted in complete recovery of voice in about a month.

The cases that I have cited are not to be taken as an impartial exhibit of the results of laryngoscopy, but rather as illustrations of what can be done under favorable circumstances. Many times relief has been attained only by months of laborious and persevering treatment, and it is scarcely necessary to add that many cases resist all treatment. It is clear, however, that as a means of diagnosis, the instrument is a complete success. A similar apparatus has been applied to the examination of the esophagus. By holding the orifice open with forceps, Semeleder succeeded, after a few attempts, in seeing as far down as the lowest edge of the cricoid cartilage, or more than an inch. He is confident that he could explore it still farther. For the satisfaction of persons who are fond of "sweet sounds," it may be well to mention the term *ÆSOPHAGOSCOPY* in this connection.

*RHINOSCOPY* refers to a similar exploration of the posterior nares and the orifices of the eustachian tubes. For this purpose the mirror must be smaller and fixed at a right angle with the handle. It is illuminated in the same way as before. A spatula for depressing the tongue is required, and sometimes a hook for drawing forward the uvula. In affections of the nares, such as polypus and ozena, and in obstructions of the eustachian tube, this means of exploration is useful for diagnosis and also for treatment. To Czermak and Semeleder belongs the credit of establishing rhinoscopy as a special department. Mackenzie describes a case of ozena of two years' standing, caused by ulcers on the vomer and right middle turbinated bone, which was cured by local treatment applied by the aid of the mirror.

We should not be surprised if rhinoscopy were to come into general use sooner than laryngoscopy. It is easier of application; the parts involved are more accessible; and their diseases are more simple, requiring less skill in surgical manipulation. Cases of ozena causing great annoyance and trouble to patients as well as to physicians, are always on hand. A more successful plan of treatment than formerly existed would be a great blessing to both parties.—*Pacific Med. Journal*.

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*Innervation of the Heart.* Translated from the *Gazette des Hopitaux*, by L. J. FRAZER, M. D., Prof. of Materia Medica and Therapeutics, in the Kentucky School of Medicine.

MM. E. and M. Cyon, (of St. Petersburg,) have sent to the Academy of Sciences, a note upon the *innervation of the heart*.

During the past year, one of these experimenters, M. E. Cyon, conjointly with Charles Ludwig, had established the following facts:

1. The cardiac nerve, which commences by two roots, one from the pneumogastric, the other from the superior laryngeal, is a nerve of sensibility of the heart. It gives to the heart the power of paralyzing, by a reflex action, the tonicity of all the vessels of the organism; and it is for this reason that MM. Cyon and Ludwig have denominated it the *depressor nerve*.

2. The splanchnic nerves are the principal vascular nerves of the organism; their section reduces the pressure in the carotid to its minimum, while the irritation of their peripheral extremities doubles this pressure. The principal aim, this year, of MM. Cyon, has been to establish the fact, that, contrary to the theory of Bezold, the acceleration of the heart's beats, produced by the irritation of the spinal marrow, is not dependent upon vascular pressure. They cut the splanchnic nerves, and, though the pressure was thus reduced to the minimum, the heart's beats were not less accelerated by the electric irritation of the spinal marrow, separated from the brain at the point of the atlas.

(These experiments were made upon animals poisoned by curari, and in which artificial respiration was maintained, after the cutting of the pneumogastric, the depressor and the sympathetic nerves of the neck.)

Having thus proved the direct action of the spinal cord upon the heart, MM. Cyon extirpated all the nerves which the heart receives from the spinal marrow, through the medium of the sympathetic ganglia, (the inferior cervical, and the superior dorsal.) This extirpation produced no change either in the number or the strength of the cardiac contractions; but after this the contractions ceased to be influenced by irritation of the spinal cord.

They attempted to prove, by directly irritating the cardiac nerves, the part which each of these plays. Similar experiments made upon rabbits and dogs, gave the following results :

1. Electrical irritation of the third branch of the inferior cervical ganglion, provoked, in rabbits, an acceleration of the heart's beats, and a diminution of their extent.

2. The first two branches of the same ganglion, are nerves of sensation of the heart, and form the continuation of the depressor nerve.

3. Irritation of the fourth branch of this ganglion, which passes above the subclavian artery, and forms, with a fifth branch of the same ganglion, the ring of Vieussens, produced a slight elevation above the average pressure of the blood without changing the number of pulsations.

4. In dogs, where the sympathetic nerve of the neck and the pneumogastric, are found in the same sheath, irritation of the second branch of the inferior cervical ganglion, provokes the same changes that irritation of the third branch produces in rabbits.

The acceleration of the pulsations produced in dogs and in rabbits, by direct irritation of the nerves described, is less marked than that produced by exciting the spinal cord, which finds an easy explanation in the fact that in the latter case all the cardiac nerves are simultaneously irritated. MM. Cyon have proposed to call these branches of the cervical ganglion *accele*.



rator nerves of the heart; and as to the mode of action of these nerves, they have arrived at the following conclusions:

a These are not the ordinary motor nerves, terminating in the muscle of the heart:

1. Because their irritation produces no tetanus of the heart;
2. It does not even augment the action of the heart, for we have seen the height of the mercurial column in the *manometer* diminish while the number of beats increased;

3. The heart has, within itself, excitor ganglia;

4. The *curari* does not paralyze these accelerator nerves.

b. Neither are these nerves which act upon the vessels of the heart, for the complete occlusion of these vessels does not change the number of the heart's pulsations.

c. They can only be nerves terminating in the ganglia of the heart. Their action consists in modifying the labor of the heart as to time. Thus they are simply antagonists of the pneumogastric nerves, in this sense, that irritation of these last named nerves slackens the pulsations of the heart, in augmenting their extent, while the accelerator nerves augment the number of pulsations in diminishing, at the same time, their extent.

To recapitulate, it is seen that the researches of MM. Cyon complete that which was previously known in regard to the innervation of the heart. It was known that the heart, in itself, possessed a little independent nervous center, consisting of ganglia. It was known that this little nervous center acted solely in a normal and continuous manner, for the purpose of regulating the contractions of the organ. It was known that by their influence upon this little center, the pneumogastric nerves entering into action, slacken the pulsations of the heart in augmenting their extent.

MM. Cyon have ascertained that the pneumogastriks have antagonists springing from the spinal marrow, and exerting a contrary influence upon the little cardiac center. Thus the general innervation will be found doubly bound in a centrifugal way to the proper innervation of the heart.—*West. Jour. of Med.*

*Medullary Sarcoma of the Spleen.* By I. WOODRUFF, M. D.,  
Alton, O.

June 29, 1866, was called to see Mrs. M. H., aged 28 years, the mother of five children. She complained of a "lump" in her left side, which could be distinctly felt below the ribs, and was occasionally painful, and slightly tender. My diagnosis was an enlarged spleen, and gave her a very mild mercurial, and iron and quinia. The tonics were continued at intervals during the summer without any perceptible diminution of the tumor, or serious impairment of the general health, until the 25th of October, when she had an attack of fever, accompanied with great enlargement, extreme lancinating pains, and much tenderness of the tumor.

The fever soon gave way under appropriate treatment. Now the patient exhibited the peculiar sallow paleness of complexion characterizing the cancerous cachexia. This, together with the lancinating pain, and the obstinacy with which it had resisted all treatment convinced me of the malignant character of the tumor. Prof. Hamilton, of Starling Medical College, saw her in the latter part of November, and Dr. Gay, of Columbus, in January, both of whom were convinced of its cancerous nature.

A supporting and anodyne course of treatment, and nutritious diet were continued until March last, when an Eclectic took charge of the case, assuring the patient that he could "cure" her, and in the stereotyped language of the charlatan, assured her that "*if she had been treated right in the beginning, she would have been well long ago.*" The cancerous vulture of incurable disease still fed upon the vitals of the too confiding sufferer, in spite of the persevering use of podophyllin, spearmint, and catnip. The vital forces rapidly failed, and on the 20th of June, 1867, one year after the first appearance of the tumor, in an effort to rise from her bed, she had fatal syncope, and soon expired.

Autopsy twenty hours after death. Emaciation, in fact almost entire absence of fatty tissues. Abdomen distended with fluid, and in left side a lobulated tumor. On opening the abdomen, about two gallons of straw colored fluid were discharged. The tumor occupied the left side, crowding the intestines to the op-

posite side. Tumor firmly adherent to transverse colon, pelvis of left kidney, pancreas, stomach posterior wall of the abdomen, and in fact to all the surrounding parts.

Tumor, perhaps eighteen inches in circumference, firm, nodulated and cartilaginous in appearance. In breaking up the adhesion, a quantity of matter of the consistence and white appearance of cream, the result of softening. The tumor consisted of a "dull, opaque, softish matter, bearing a resemblance to brain." Dissection showed the tumor to have originated in the spleen, to which it was attached by a short pedicle, an inch in diameter. The spleen was two or three times its natural size, in a state of degeneration; the healthy structure had been replaced by the unhealthy until about one-fourth of that organ presented the same appearance as the tumor. Right kidney healthy; left atrophied, apparently from pressure. In the right lobe of the liver, two round masses, two inches in diameter, were found, resembling the tumor in appearance, but in no way connected with it; remainder of the organ healthy. Omentum entirely destitute of fat, firmly attached to tumor, and vessels injected. Uterus and its appendages were healthy.

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#### *An Anodyne Formula.*

The following formula is recommended for combining chloroform and morphia for internal administration: One part, by weight, of morphia is dissolved in two parts of rectified wine-vinegar, and twenty parts of rectified spirit of wine; and the solution, when cold, is mixed with eighty parts of chloroform. One drop contains the three-hundredth part of a grain of morphia. The dose for a child is two to fifteen drops; for an adult, thirty to forty drops. It is said to give relief in most painful affections much more quickly and certainly than morphia alone, and to leave none of the unpleasant after-effects of opium. The subcutaneous injection of morphia during chloroform narcosis is strongly advocated in all those cases where it is desirable to maintain the state of unconsciousness for a lengthened period.—*Med. Rec.*

## EDITOARIAL AND MISCELLANEOUS.

## ATLANTA MEDICAL COLLEGE.

The Ninth Annual Course of Lectures in this Institution has just been concluded.

In 1855 the first course was held, and after the suspension for four years during the war, commencing at the conclusion of the session of 1861, the exercises were resumed regularly on the first of May, 1866. The duties of the term just passed, have been discharged with satisfaction to both student and teacher.

Notwithstanding the greater stringency in money matters, than at any time since the war, the class of the present year is even larger than that of last. The additional facilities offered in the practical and theoretical course, to continue through the fall and winter, and the pecuniary relief to the country from the success of agricultural operations, give assurance of a largely increased number of students in future.

There are several of the present class who remain to attend the fall and winter course, while others will return after visiting their friends at home. Doubtless, many who have not before visited the Institution, will avail themselves of the great advantages offered to the beginner, the advanced student, and the graduate. To the first, the regular examinations and lectures daily, will be of immense value in directing the mind in the proper channel of thought, and insuring his speedy and thorough acquaintance with the fundamental principles of Medicine. To those having already made some proficiency in their studies, the practical demonstrations in Medicine, Surgery, and Obstetrics, will certainly be of immense value in giving familiarity with subjects very

embarrassing to the young practitioner. The manner of determining the existence and character of disease by all the general and physical signs of morbid action, will be plainly exhibited, daily, in the College Dispensary, where fifteen or more patients are prescribed for, and in the hospital of one hundred patients, situated on the College grounds.

The small sum (\$15) charged for this course of eight months, makes these advantages available to many who, in these "hard times," could not otherwise obtain them. The price of board being almost as cheap as at any place in the country, very little additional expense will be incurred to that necessary in office study at home. Students of medicine, who have not graduated and those ready to commence the practice, will doubtless find it to their interest to attend, though it may not be convenient to remain through the whole course. Even two or three months thus spent, will be found to compensate even the young practitioner, who desires to acquire practical information rapidly.

This course will continue through the entire interim, between the regular sessions of the College, from the first of September to the first of the following May. Those, therefore, commencing the study of Medicine, not wishing to take a regular full course during the winter, but desire to do so next summer at this Institution, would do well to spend most of the fall and winter here.

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#### TO OUR PATRONS.

The *Journal* has now reached the Seventh number of the Second Volume. Thus it is that nineteen numbers have been sent out to our readers. The terms require cash, in advance; but owing to the great pressure upon the country, pecuniarily and otherwise, since the war, many have been furnished with the Journal regularly at considerable labor and expense

without advance payment. We have suffered financial embarrassment, more or less, during the whole time that we have thus labored assiduously to prepare matter, and pay for publication. We do not make this appeal for advance payments particularly, but that we may have remittance made of *debts* due us for what has already been received and used. We say to our readers, will you allow us to be ruined, when you can avert it by mailing to the Editors at their risk, the small pittance of *four dollars*! ? Honor, humanity, and every thing sacred in your heart say, no! The time has been, and recently, too, when those, unaccustomed to want, hitherto, could rarely meet with money at all; but now, since the country has been blessed with a bountiful harvest of wheat, and the prospect of a fine yield of corn and cotton, the readers of Medical Journals, will be able to obtain from their patrons remuneration for services, and relieve their distressed creditors, at least to the small extent our demands go. We take courage at the very thought. Do remit, if possible, during the month of September.

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## OUR JOURNAL.

We have concluded arrangements which will insure foreign correspondence for some time to come. These letters will be very interesting, doubtless, as they will be the result of "sight-seeing" in the medical emporiums of the world, London and Paris.

We expect a letter, at least once a month, during the fall and winter, and hope to have one from each of these great centres of medical learning, in every number of the Journal, for some time to come.

In the mean time, it will be our object, constantly, to afford our readers all that is new and interesting in Medicine and Surgery, from all the various sources at our command.

In this connection, we would not pass unnoticed the contributions of practicing physicians in our own country. These, to us, and no doubt to our readers, are both interesting and instructive. That is most beautiful which is most useful; and the inventions and discoveries of industrious, practical physicians, directed by science, are important additions to the medical literature of the Country. The knowledge of many of such facts die with their discoverer, on account of the disinclination of practitioners to make contributions to periodical.

We, therefore, persuade and encourage physicians in country practice—where, from the inability to obtain known contrivances and remedies, they are often driven to important discoveries—to make known, through medical Journals, such useful information.

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#### DR. YANDELL'S LETTER.

Our readers will find in the August No. of our Journal, an able and exceedingly interesting letter from London, to one of the Editors of this Journal. We will receive others, and when we do, they shall share the pleasure and instruction they afford. The writer, Dr. L. P. Yandell, Jr., is one of the ablest representatives our profession has sent abroad for many years. With a first class collegiate education, he combines the greatest thoroughness in the profession of medicine. As a sound original thinker, no man of his age deserves a higher rank; and for practical wisdom, keenness of observation, and felicity of manner, we scarcely know his equal.

The President of the Epidemiological Society of London, composed of the most learned medical men of the metropolis, complimented in very high terms a speech made by him before the society. Many of the members, also, expressed their delight at hearing him.

Dr. Yandell is the youngest son of Dr. Lunsford P. Yandell, Prof. of Chemistry in the Medical department of Transylvania University, in the glorious days of that renowned institution. He subsequently held the same chair in the Medical department of the University of Louisville. He was associated throughout his long and honorable life as a teacher with Eberle, Drake, Richardson, Short, Caldwell, Dudley, and many others. The last named and himself, are all that now remain of that bright galaxy who were the first to exalt the standard of medical education west of the Alleghanies, and which has been felt throughout the west and south, in all the fruition of success from the lakes to the sea-board. Long may he live to enjoy a fame so justly won as a model gentleman, medical philosopher, and an earnest Christian.

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The following excerpts we make from the Druggists' Circular:

*Vomiting of Pregnancy.*

In a recent discussion on the sickness of Pregnant Women, published in the *Union Médicale*, M. Gros reported a case in which this symptom had continued for a long time, reducing the patient to extreme emaciation. He administered pepsine in the dose of fifty centigrammes (about eight grains) before each meal, with complete relief. Many other remedies had been previously tried without the least benefit.

The efficacy of this remedy in these cases was substantiated by Drs. Duhomme, Pioget, and Labbé. It was remarked that the action of this remedy is somewhat uncertain, owing to its liability to change. It should not be administered in too hot a vehicle, as a high temperature destroys its efficacy. Another objection to its common use is its great price.

Dr. Dufour said that in many cases he had found chlorhydric acid an equally efficient remedy, and not liable to the objections which exist against pepsine; he had found it to be almost equally successful in these cases.—*Boston Med. and Surg. Journal.*



*New Anæsthetic.*

"We are glad to announce the introduction of a new anæsthetic, which, if further experience confirms the results hitherto obtained, promises to be of remarkable value. Dr. Protheroe Smith has been making some observations on the administration by inhalation of the tetrachloride of carbon ( $\text{CCl}_4$ ), of which we wait for a fuller account. In the mean time, from our own observation, we may state in favor of this agent, that it has a pleasant odor, somewhat resembling that of the quince. We understand that anæsthesia is rapidly produced by it (in some cases in the space of half a minute,) that the condition appears to be easily sustained with or without entire loss of consciousness, and that the effects pass off very quickly. There is not usually, we learn, any excitement or struggling before anæsthesia supervenes, and its use is not followed by the sickness which is sometimes so troublesome a feature from the administration of chloroform. A point of great interest in relation to the tetrachloride of carbon is the property which we are told it possesses of immediately allaying pain arising from any cause. In a large number of instances it has been successfully employed for the relief of headache and dysmenorrhœal suffering. Dr. Protheroe Smith has found it of great value in inducing quiet and refreshing sleep. He has also employed it in midwifery, and finds that it removes pain without necessarily destroying consciousness, or interfering apparently with the expulsive efforts of labor."—*London Lancet.*

*Application of Collodion in Cholera.*

Dr. Drouet, of La Grand-Montrouge, maintains that the external application of collodion will arrest the premonitory diarrhœa, and afford an excellent means of restoring warmth in confirmed cholera. He uses a mixture of collodion 6 parts, castor oil 1 part, smeared over the abdomen, and covered with cotton wool. The evaporation of the ether at first causes a sensation of cold, but in a few minutes this is followed by a feeling of warmth, which increases in intensity, without, however, becoming so intense as to cause distress. This application, he says, will certainly arrest the progress of the disease, if used during the first hours of the attack, and provided it be not of an extremely violent nature.—(*L'Union Médicale.*)—*N. Y. Medical Journal.*

# WASHINGTON UNIVERSITY,

(MEDICAL DEPARTMENT)

BALTIMORE, MARYLAND.

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The next Session of this Institution will commence on the first day of October ensuing, and continue for five months.

One Student from each Congressional District of the late slaveholding States will be admitted to all the privileges of this University upon the payment of thirty-five dollars for each session of attendance.

Wounded and disabled soldiers will have precedence in this regard over all other applicants.

Located in Baltimore, one of the most populous, hospitable, and attractive cities in this country; under the charge of Professors who have enjoyed peculiar opportunities for surgical and medical experience during the recent war, and several of whom have already been successful teachers in well known medical schools; and with the most satisfactory arrangements for the proper illustration of all the subjects embraced in its extended curriculum, Washington University offers unusual advantages to those engaged in the study of Medicine.

A *daily public clinic* will be held, at which such thorough instruction will be given as cannot fail to familiarize the student with every variety of disease and injury, and to give him a *practical* acquaintance with the use of remedial agents.

The students of this Institution will be admitted into the *public hospitals of the city*, where arrangements have been made for clinical instruction.

*Anatomical studies* can be pursued under as favorable circumstances as in any other medical college in this country.

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Graduates of other respectable medical schools will be required only to pay the fees for Matriculation, Dissection, and Graduation.


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Sept-1m

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Sept-1m

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### TREATMENT OF THE SURGICAL DISEASES OF WOMEN,

During the first fortnight of December, at his rooms in Boston. Fee \$50, and Diploma required to be shown.

Certificates of attendance upon the course just completed, have been issued to the following gentlemen: Drs. O. M. Carlton, Norwich, Ct.; Daniel Mann, Pelham, N. H.; G. E. Bullard, Blackstone, Mass.; J. A. McDonough, Boston, Mass.; M. C. Talbott, Warren, Pa.; H. Gerould, Erie, Pa.; E. F. Upham, W. Randolph, Vt.; W. L. Wells, Howell, Mich.; and W. A. J. Case, Hamilton, C. W.

HOTEL PELHAM, Boston, July 1, 1867.

Sept-4m

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## ALBANY MEDICAL COLLEGE.

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The next course of Lectures in this College will commence on the first Tuesday in September, and continue sixteen weeks.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Clinical Lectures are delivered in the Hospital three days in the week. Surgical Clinics are held regularly in the Hospital and College.

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Sept-1y

JACOB S. MOSHER, Registrar,  
Albany, N. Y.

# MIAMI MEDICAL COLLEGE OF CINCINNATI

The EIGHTH ANNUAL SESSION of this Institution will commence on the first Tuesday of October, 1887, and close about the first of March, 1888.

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 B. F. RICHARDSON, M. D., Professor of Diseases of Women and Children.  
 JOHN A. MURPHY, M. D., Professor of Theory and Practice of Medicine.  
 HENRY E. FOOTE, M. D., Professor of Anatomy.  
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 GEO. MENDENHALL, M. D., Dean.  
 E. B. STEVENS, M. D., Sec'y. Sept-2m

# UNIVERSITY OF LOUISVILLE

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 J. P. SATTERWHITE, M. D., Demonstrator of Anatomy.

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Opinion of JONATHAN PEREIRA, M. D., F. R. S., F. L. S.

*Professor at the University of London, Physician to the London Hospital, Author of "The Elements of Materia Medica and Therapeutics," &c., &c.*

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Very faithfully yours,

JONATHAN PEREIRA.

*"Finsbury Square, London, April 16, 1851.*

*"Dr. de Jongh."*

Vol. VIII.

OCTOBER, 1867.

No. 8.

ATLANTA

Medical and Surgical  
JOURNAL.

NEW SERIES

EDITED BY

J. G. WESTMORELAND, M. D.

*Professor of Materia Medica and Therapeutics in the A. M. College.*

W. F. WESTMORELAND, M. D.

*Professor of the Principles and Practice of Surgery in the A. M. Medical College.*

AND

J. M. JOHNSON, M. D.

Pax et scientia, sed veritas sine timore.

PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE

ATLANTA, GA.:

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.

1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.



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# ATLANTA Medical and Surgical Journal.

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VOL. VIII.

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## ORIGINAL COMMUNICATIONS.

### ARTICLE I.

*Report of a Case of Typhoid Fever, with Remarks.* By  
CHARLES PINCKNEY, M. D., of Atlanta, Ga.

An interesting case of Typhoid Fever came under my notice in the year 1859, while engaged in the practice of medicine in the rice-growing region of South Carolina. As it presented certain conditions and peculiarities which I have never observed before or since, a brief sketch of its history, prepared from notes taken at the time, may not prove uninteresting to the profession. The patient, Dolly, aged eight years, the property of Mrs. E. P. Pinckney, Ashpoo, S. C., was seen by me, for the first time, on the 7th of June 1859. The earlier symptoms were so nearly analogous to Billious Remittent, that I directed the usual treatment for that disease. It was not long, however, before sufficient evidence was presented to prove the incorrectness of my diagnosis. The case was one of Typhoid Fever. This, I confess, is not the only instance where I have made a similar mistake; for to those who have practiced amid the malarial swamps of lower Carolina, the task would frequently be a difficult one

to determine the precise nature and grade of fevers in their incipency. The simple Continued, would seem, in certain cases, to degenerate into Typhoid, and a fever which had observed all the rules of periodicity for an indefinite number of days, has been known to assume the enteric form, wherein was developed all the symptoms peculiar to that disease, terminating in perforation of the intestines, as revealed by post-mortem examination. Whether the latter was merely engrafted upon the former, or whether it was indeed a degeneration thereof is a question not yet satisfactorily settled. But to return to the case under consideration.

On the 6th of July the patient was attacked suddenly with the most excruciating abdominal pains, located apparently in the region of the cœcum. She seemed to be laboring under acute peritonitis. Calomel and Opium, in small doses, were now resorted to, and a blister applied over the seat of pain. These means failing to arrest inflammation, ice was next freely used internally, and externally over the abdomen. Diarrhoea soon set in, of the most debilitating character—the evacuations being frequent, watery, and very offensive. Pulse became small, thready, and so frequent that it could barely be counted. Brandy produced no perceptible reaction—though administered in considerable quantity and at short intervals. The patient continued growing worse, and lapsed into a partially comatose condition. At this stage I ordered:

Spts. Terebinth,      gtt. xxx.

Muc. g. Acaciæ,      ʒ ss.

M.

S—To be repeated every hour.

After the fourth dose her condition improved somewhat; and, attributing it to the effect of the Terpentine, that medicine, in smaller quantity, combined with other remedies, was continued until the evacuations became less frequent and more natural. Fever declined in proportion to the abatement of the abdominal symptoms. On the third day

but little pain was felt upon pressure over the right Iliac region; her appetite was coming back; she was evidently better.

At this juncture the patient passed, during an evacuation, a large portion of what appeared to be the mucons membrane of the intestine, considerably thickened by previous inflammation. A part of the same substance which had escaped per anum, but remained attached by one extremity to the external terminus of the rectum, was clipped off and preserved as something curious. Its consistency was firm. It was six inches in length, and a perfect cylinder. Without the closest examination it might readily have been mistaken, even by professional men, for a section of intestine. My friend, Dr. G. M. Rivers, of Walterboro, S. C., may have it still in his possession. Other smaller and entirely detached portions of the same material subsequently escaped, leaving the anus exceedingly sore and sensitive. Diarrhœa again threatened to destroy the patient. Injections could not be retained for a moment; but the use of suppositories, retained in position by means of a T bandage, finally arrested the discharges. Irritation subsided and the evacuations became natural. Tonics and stimulants, in combination with diuretics, were now given—these last in order to remove an effusion of water which had occurred to some extent. Diet was particularly watched, and animal food administered as regularly as medicinal remedies. On the second of August she stood up and talked with me for a minute or two. I had no doubt she would recover. At daylight next morning the nurse informed me that “Dolly is dead.”

The autopsy revealed some interesting as well as surprising facts. Upon opening the abdomen about two quarts of water escaped—being the effusion before alluded to. I then proceeded to examine the rectum, where disease was thought to have produced the principal lesion. Here the traces of previous inflammation and destruction were plain. A surface of three inches in length, by one and a-half inches in

breadth of the anterior wall of that viscus had entirely sloughed away; and what is most remarkable, the free edges had become adherent to that portion of the bladder nearest the rectum. The external coat of the bladder had thus become, for the space of several inches, a part of the walls of the rectum—resembling mucous membrane, and was actually, in a mechanical view, performing the functions of that organ. This adhesion was so firm as to require some exertion to break it down. There was also direct communication, between the cœcum and sigmoid fixture, at a point where perforation and subsequent adhesion had occurred. The evidence of recent perforation could easily be observed at various points along the colon. The alimentary canal was examined throughout its entire length and found to be empty.

To what cause are we to assign the death of this patient? Surely not to perforation of the intestines; for nature had here so miraculously exerted her recuperative powers, that by healing here and by *substitutiny* there, she had completely remedied loss of structure. There was by no means a sufficient amount of fluid in the abdominal cavity to cause death by suffocation. My opinion is that death resulted from *inanition*. There was neglect, evidently, on the part of the nurse, in administering food in such quantity and at such times as had been directed—which is supported by the fact that the bowels were found empty.

The treatment in this case has not been given in detail. It was mainly expectant, and from the beginning the diet was so administered as to embrace as much nutriment as possible in the smallest compass—consisting of such substances as would more readily be absorbed by the stomach, thereby avoiding all offensive accumulations in the intestines. Had not this course been strictly followed it is evident that the patient would have died from extravasation of the peritoneum.

In reviewing the history of this case the mind is neces-

sarily struck with the herculean efforts put forth by nature in the exercise of her recuperative powers. It should teach us never to despair. In the treatment of Typhoid Fever, with me "Hope springs eternal;" for though a patient has been brought by it to the verge of death he *may* yet recover—even after extensive intestinal perforations, or the absolute destruction of full one-third of the rectum.

N. B.—This post-mortem examination was witnessed by Drs. G. W. Rivers and F. W. Frazer, of Walterboro', S. C.

---

## ARTICLE II.

*Abstract of Minutes of the Atlanta Medical Society.*

ATLANTA, FEB. 5. 1867.

On the call for reports of cases,

*Dr. Cameron* reported a case of chronic enlargement of the tonsils and uvula, in a man thirty years old. Nitrate of Silver had been used for several weeks without benefit. A few applications of Creasote gave prompt and decided relief.

*Dr. O'Keefe* regarded this an interesting case. He had frequently met with such difficulties in children, and had found them difficult of cure, before the age of puberty, when the enlargement generally disappears, spontaneously. He had seen this trouble associated with suppressed menstruation. His treatment has generally been excision.

*Dr. Johnson* had not been uniformly successful in his treatment of this affection. His experience would go to establish the fact that girls, from six to twelve years old are more subject to it, as the result of vicissitudes in

the weather, or sudden exposure to dampness, or a cool current of air, when heated. His attention had not been called to it as the result of uterine trouble, but believes it sometimes due to constipation. In the treatment he has generally relied on cauterants, blisters, &c., but from the report of Dr. Cameron, is disposed to think favorably of Creasote.

*Dr. W. F. Westmoreland* alluded to the effects of Creasote in diphtheria as an evidence of its peculiarly alterative or cauterant action, from which it is not unreasonable to expect benefit in cases of chronic enlargement, such as reported by Dr. Cameron.

*Dr. O'Keefe* reported the following history of a case: Was consulted, six weeks since, in regard to the condition of a lady, who says she has suffered for three months previously to her last four confinements, with what seemed to be a separation of the pelvic bones at the sacro-iliac symphysis. She reports that the grating was distinct, and perceptible to by-standers—that she is usually confined to bed two months after delivery, on this account—the movement of the bones in attempting to walk producing a faintness which compels her to lie down. One week since, this lady was confined, and had a short and easy labor. During the labor an examination, with the view of ascertaining the condition of the pelvis, was made, without a satisfactory result. She now complains of the grating sensation, as usual after delivery. He desires the opinion and experience of members on this subject.

*Dr. Johnson* had recently met a lady, who informed him that fifteen months since she was confined, and, from supposed mobility of the pelvic bones, was unable to walk for six weeks afterward.

*Dr. W. F. Westmoreland* thought that a properly applied bandage, so as to keep the articulating surfaces in apposition, would very much facilitate the restoration of these bones to their natural union and strength.

*Dr. Watkins*, by invitation present at the meeting of the society, mentioned a case of this luxation, in which the bandage proved useful.

*Dr. Douglas* alluded to a case of sacro-iliac luxation occurring in labor, followed by caries of the bones.

*Dr. Word* reported a case of supposed gastrodynia. For fifteen years the patient has suffered pain in the epigastric region, at intervals of two or three months. Recently these attacks occur daily, with rigors, followed by profuse perspiration. A gnawing sensation and pain are felt in the stomach, with occasional flatulence and vomiting after eating. The nausea and rejection of food is probably attributable to the secondary effects of opiates, which are required to alleviate the suffering. Pepper and alcoholic drinks effectual in relieving the pain for a short time. Blisters do not give permanent relief. He solicited of members their opinion of the disease, and its proper treatment.

*Dr. Stacy* thought the symptoms detailed by *Dr. Word* may be the result of biliary calculi passing along the ducts.

*Dr. Word* had not discovered any jaundiced appearance, or any other symptom, which, in his opinion, would warrant the supposition of *Dr. Stacy*.

*Dr. Johnson* had seen a somewhat similar case in the person of a lady fifty years old; for which various remedies had been used for some time with no benefit. Finally, it being ascertained that constipation was a constant symptom, a cathartic of Calomel, Croton Oil and Colocynth was used with temporary relief. Iron, Quinine, Bismuth, and Hyoscyamus, were used with seeming advantage and Belladonna with decided benefit. The treatment was successfully concluded by a visit to chalybeate springs.

*Dr. Douglas* thought the case reported by *Dr. Word*, in all probability, depended on the passage of calculi. This he inferred from the repeated attacks. Some inflammation, probably as the result of the calculi, may have existed.

*Dr. O'Keefe* gave the following history of a case having



somewhat similar symptoms: A lady suffered with severe pain in the stomach, at intervals of one, two or three months. These paroxysms became more frequent, until, in the latter part of her life, the suffering was almost constant. Relief was most readily obtained from the use of Chloroform. Post-mortem examination revealed a cancerous condition of the pancreas. The stomach and duodenum were healthy. Six of the family had previously died of Phthisis.

---

### ARTICLE III.

*A Case of Vulvitis in a Little Girl Terminating Fatally; with Remarks.* BY A. GIVEN, M. D., of Louisville, Ky.

Under the head of "Infantile Leucorrhœa," Dr. Churchill describes two grades of inflammation affecting the vulva of children. The first is characterized by local uneasiness, itching, and scalding on making water; the mucous membrane is found inflamed. After a few days, there is observed a leucorrhœal discharge; the labia swell, inflame, and often become excoriated. The child is feverish and uneasy; the distress increasing with the progress of the disease—the smarting and scalding are severe, and the little patient cannot walk without pain. These symptoms, however, readily subside by local applications. The second grade has prevailed as an epidemic in some parts of Europe, and assumed a malignant type. Mr. Kinder Wood gave a very graphic description of the cases observed by him in 1815, from which Churchill quotes as follows: "The patients were from one to six years of age. Of twelve who were attacked, only two recovered. The inflammation of the labia was

preceded by rigors, pain in the head, dullness, nausea, loss of appetite, thirst, &c. The distress of the patient on passing urine first attracted attention; and on examination, the labia were found inflamed, swollen, and of a dark color. Very soon the parts within the vulva became affected, and, from the thin discharge," Mr. Wood thinks "it is probable that the lower portion of the vagina was involved. The process of ulceration set in rapidly, twenty-four hours sufficing for the production of vesication within the labia; and when these burst the denuded surfaces coalesced and formed large ulcers. The discharge then became dark colored, copious, and offensive, irritating the neighboring parts, and favoring the extension of the disease to the thighs, perineum, and anus. After the occurrence of ulceration, the external organs of generation are progressively destroyed, the peculiar pallor of the countenance increases, the pulse becomes quick and weak, the appetite fails, the discharge from the parts increases and becomes more and more offensive, till the patient is worn out and expires."

The cause of this disease, Churchill attributes to cold, and an epidemic influence; yet he says, "I have seen a family of these little girls simultaneously attacked without any special, general, or local cause." I am not aware of its having prevailed as an epidemic in the United States. I had two cases during the past summer, both of which readily healed by external applications.

I was consulted August 15, 1867, by Mrs. R—— about her daughter, four years of age, on account of painful and spasmodic efforts in passing her urine. I prescribed for her, but getting no better, I was sent for next day, and found her in the following condition: Pulse 100; the labia swollen and inflamed externally, and excoriated internally; the orifice of the vagina inflamed and discharging a thin, whitish fluid. She was restless and crying from the pain and irritation. I ordered the bowels to be moved with oil: gave tincture ferri chloridi, and ordered external applications to

the inflamed parts. From the 17th to the 23d of August the local disease remained stationery, and seemed to defy all external applications. Opiate lotions, poultices, alum, borax, tannin, liquor plumbi subacetatis dilutus, all were in turn tried without giving any relief. The patient had no comfort except when under the influence of Dover's powder. As I entered her room on the 24th, I saw unmistakable evidence of an erysipelatous virus diffusing itself, by the aid of the aplastic condition of her system. The lips had a purplish hue, tongue brown and dry, pulse 130. The whole of the vulva was in an ulcerated condition. Aphthæ had spread around the anus, and over the perineum. The child having a hoarse cry, my attention was called to the fauces. I found them covered with aphthæ, and the tonsils covered with a diphtheritic exudation. The appetite was entirely lost. I put her upon the following treatment :

R Syr. Zingib. ʒij.

Aqua pura ʒi.

Tr. Ferri Chlor. ʒij.

Potassæ Chloratis ʒii.

*M.*—A teaspoonful every 4 hours, alternated by a teaspoonful of the following :

R Aqua Cinnamomi ʒi.

Sodæ Sulphitis ʒss.

Syr. Simp. ʒii.

*M.*—This was given through the day, and one grain of quinine and one of Dover's powder given every 4 hours during the night, unless she was asleep. The diet consisted of beef tea and milk porridge. I touched the ulcerated surfaces with a solution of nitrate of silver, and ordered a poultice of chamomile flowers to be applied to the parts.

25th.—In same condition. I touched the ulcers with dilute nitric acid, and continued the other treatment.

26, 27, 28th.—The chlorate potassa has increased the oxygen of the system, and thereby restored a healthy color to the lips and face. The iron and sulphite of soda have in-

creased the plasticity of the blood; known by the drying and scaling-off of the vesicles about the lips. The ulcers of the vulva and perineum remain painful. I ordered the parts to be bathed, three times per day, and black-wash applied after each bathing.

29, 30th.—The ulcers look a little more healthy after using the black-wash, but are still painful. I had the parts thoroughly cleansed with tepid water and milk, and after drying-covered the inflamed parts with the following,

℞—Collodion ℥ ss.  
Glycerine gtt x.  
Iodine gr. v.—*M.*

The application gave considerable pain for half an hour, after which she fell asleep, and slept for several hours; the first quiet and refreshing sleep she had had since first taken sick. The glycerine renders the collodion more supple, and less apt to crack when the parts are moved. The iodine acted as a disinfectant to the exhalations from the parts, and in a measure destroyed the septic poison, and neutralized the alkalies of the fluids of the parts which were being re-absorbed; and bringing the blood into that aplastic condition in which the tissues are rendered so sensitive to, and readily dissolve at the approach of the erysipellatous virus. I continued the tincture of iron, and increased the dose of the sulphite.

31st.—The ulcers looked clean and healthy. She rested better last night.; swelling and inflammation of the labia abating; pulse 100. Continue treatment.

Sept. 1st.—Quite comfortable; labia look healthy and natural; ulcers on the perineum dry and healing; skin moist.

3d.—Had some fever during the afternoon of the 2d, and very restless during the night; and complained of pain in the lower part of the abdomen. The orifice of the vagina looks highly inflamed and discharging a thin, whitish fluid. She is very much prostrated; pulse 120. Gave beef tea,

alternated with the chlorate potassa and again applied the black-wash.

4th.—Very restless during the night, with pain in the stomach and bowels; vomited frequently; pulse weak and quick; extremities cold. Gave wine whey, alternated with beef tea. I visited her again at 4 p. m., and found that the wine and beef essence had aroused the circulation, and the pulse was full and more regular; the extremities were warm.

5th.—Pulse imperceptible; extremities cold. She expired at 10 a. m. The patient had always been healthy, and gave evidence of the plastic diathesis up to the time her parents removed to 12th Street, between Market and Jefferson, in the spring of 1867. The gutters on that street have been in a filthy condition all summer; the waste-water from the houses above standing in seething, stagnant pools. This child played, all summer, under the shade of the trees covering that laboratory of zymoties.

We have in these cases a very interesting subject for investigation. Are they caused by the same epidemic influence, acting on an aplastic constitution; or does the epidemic carry with it a different degree of septic poison, which produces a difference in the degree of its malignancy?

I believe that the question is settled, that an epidemic disease manifests its degree of malignancy in proportion to the aplasticity of the blood, and not in the malignancy of the virus. For variola may be distinct in one neighborhood, and carried into another and prevail as confluent or malignant, owing to the sanitary condition of the place, a peculiar state of the atmosphere, reducing the inhabitants to an aplastic condition.

In all malignant epidemics, there are two morbid elements present, which give to the disease its degree of malignancy. One is the aplastic diathesis, and the other is the erysipelatous virus. The latter cannot exist in the system without the former; that is to say, the erysipelatous virus seldom or never attacks the plastic constitution; for immediately af-

ter its reception into the system, by inoculation or otherwise, the virus is surrounded by a wall of solid, plastic lymph, and carried out of the system, or made to localize itself, and the poison is expelled from the part by an abscess. But if the erysipelalous virus accompany the epidemic, or is produced by a chemical change of the animal tissues, and attack an aplastic constitution, it is very destructive to the tissues. They melt before its touch, like snow before the summer's sun. But virulent as they are, if the physician is on his guard, and watching their approach, they may be shorn of much of their terrors; for he has, in the tinctura ferri chloridi and the sulphites, together with sanitary regulations, almost a specific for aplastic and zymotic diseases. All physicians who have had much experience in the treatment of erysipelas by the tincture of iron have ceased to feel alarmed when that disease is prevailing. The surgeon no longer dreads erysipelas, phlebites, and pyæmia after an operation; for he has a prophylactic in the tincture of iron. Many of our best surgeons now precede their operations by the use of the iron, especially if the constitution is aplastic, and continue its use until the wound is healed. When this precaution is observed, it is seldom that either of these complications arises. The tincture of iron is not only valuable in restoring plasticity to the blood, but it destroys the catalytic agent by which zymotic diseases are generated and conveyed through the system. Yet valuable as it is in this respect, it is probably inferior to the sulphites of lime and soda. Paoli has demonstrated the fact that the sulphites, or the bi-sulphites, do check zymosis, and thereby retard or destroy the progress of that class of diseases depending upon a virus for their propagation.

As vulvitis is most likely to attack an aplastic constitution, and to produce disintegration and ulceration of the tissues, thereby causing a chemical change of the fluids out of which the erysipelalous virus is frequently generated, we may expect more from the early use of the tincture of iron and the sulphites, than from all other remedies combined.

## ARTICLE IV.

DUBLIN, August 9th, 1867.

*Dr. J. M. Johnson:—*

The British Medical Association met in this Metropolis for the first time on the 6th of August, and rarely, I suppose, has a more remarkable assemblage of medical men ever taken place. The fact that it was the first ever held in Ireland, and that it was presided over by that great ornament of our profession, Dr. William Stokes, imparted an unusual interest to the meeting. I was fortunate enough to bear a letter of introduction to Dr. Stokes from my friend Dr. Lewis Ropes, which insured me an affable reception and free access to the meetings of the Association. I met him at the University buildings on the morning when the Association convened and received from him an invitation to be present at the delivery of his Inaugural Address, at 2 o'clock that afternoon, and he also invited me to call upon him next morning and accompany him to the public breakfast to be given to the members of the Association.

From the reputation Dr. Stokes has long enjoyed in our country you are prepared to hear that he is now a man far advanced in years, though hale still, and capable of much profitable labor. He is somewhat under six feet in height, with broad shoulders, much stooped, large, majestic head, fringed with thin iron-gray hair, very long and curling, but nearly bald on top. The expression of his face is very benevolent, and you are gratified to remark in its lineaments the impress of goodness as well as greatness. His features are heavy and not handsome. He is singularly abstracted in manner and gives you the impression that he is profoundly absorbed in thought. In fact, as you gaze upon his calm, thoughtful face the idea occurs to you that it is only the tenement of clay you are beholding, and you wonder where is now the great mind that animates it and in what work

engaged. Dr. Stokes is Regius Professor of Physic in the University of Dublin.

After some preliminary business by the Association and a few remarks by the retiring President, Dr. Waters, of Edinburgh, Professor Stokes began his address amid the most enthusiastic applause. This grand old Irish gentleman stood as unmoved by the demonstration as one of native old oaks would be by the summer breeze, not heeding the clapping of hands, and stamping, and cheering of the four or five hundred doctors before him any more than if they had been so many crickets or grasshoppers. He made no attempt at oratory, but read his discourse in a deliberate manner and in a voice so low that I found it impossible to hear him without the closest attention. The delivery of the address required about an hour, which, as was to have been expected from the great reputation of the author evidenced deep thought, finished scholarship and careful preparation, and was pervaded by a spirit of earnest piety. It was, in every respect, worthy of the mind which has borne so large a part in the advancement of modern medicine.

The British Medical Association is a splendid body of men, and among its members are many names which hold the most conspicuous place in the profession; but I have found both physiognomy and phrenology sadly at fault when I have, by their light, attempted to fix upon its leading intellects.—Experience has taught me that I cannot pick out the giants in a crowd by merely inspecting their countenances and heads, for the great men often look little, and the little men as often look great. Men are like trees, which, whatever may be their stateliness of form and show of foliage and flowers, can only be judged of by their fruits. In assemblies like this it would be a great satisfaction to strangers, if the great men were labelled as the fine pictures are in some galleries.

At the appointed hour on Wednesday morning I accompanied Dr. Stokes to the public breakfast, which was served in an immensely long hall, having two rows of tables, and



around these were seated about four hundred doctors. The evidence of their enjoyment was afforded by the activity with which they plied their knives, forks and tongues, for never, I am sure, was greater racket made by a flock of blackbirds or a female tea party, than by this breakfast party of *savans*. I had the honor to sit between the President and Dr. Ackland, the President elect. After breakfast I was introduced to Dr. A. by Professor Stokes, and was amused by his remark, "if I had known you were an American, sir, I should have begun a conversation with you at the table, but I thought you was an Italian, and felt too uncertain about my knowledge of that language to attempt to speak it." If he had spoken to me in Italian I am not sure whether the joke would have been more decidedly upon him or upon myself.

Breakfast over, I went, with a number of others, in company with Dr. Stokes to the Royal College of Surgeons, and thence to the University Club, where our names were registered, and we were admitted to all the privileges of membership during our stay in Dublin. We were informed that we might amuse ourselves in reading or writing, or in eating or drinking, in billiards or whist whichever we felt inclined.

From the Club I went with Dr. Ackland, Sir James Y. Simpson, and Mr. Teale on a jaunting car to the Hardwick Hospital, where Dr. Gordon showed us a number of cases of Cerebrospinal Meningitis. He called our attention to the fact, that most of the cases in the present epidemic are adults and persons well advanced in life, instead of children who were formerly its favorite victims. At 11 o'clock the Association met, but I am sorry to say that I was prevented, by indisposition, from attending the meeting.

On Thursday I had the good fortune to hear Dr. Pirrie's interesting and valuable paper on *Acupuncture*, and an exceedingly interesting discussion which followed on this important subject. On Friday I heard a very able paper by Sir James Y. Simpson on the Cephalotribe, and some extended

remarks by the same gentleman on the use of chloroform. Acupuncture, it is contended by Prof. Pirrie, is far superior to the ligature in arresting hemorrhage resulting from surgical operations, as the ligature is to the ancient practice of searing with a hot iron. It is attended by no loss of blood, no supperation, and instead of the daily dressings for weeks, under the old method of ligatures, the wound heals without any dressings, in a few days. The acupuncture is accomplished in the twinkling of an eye, and the operator requires no assistant, as he does when the vessels are to be ligated. Sir J. Y. Simpson, the originator of the improvement, I believe, is a devoted and enthusiastic advocate of the process; and, in fact, I am safe in stating that the voice of the British Medical Association is emphatically in favor of this simple but wonderful surgical operation.

The application of Carbolic acid to the cut surfaces in surgical operations was also discussed at this meeting. In Germany, where the practice originated, it has lost its hold upon the confidence of the profession and is now seldom resorted to. The verdict of the Association is that it is safer to let the acid alone.

In reply to a question as to the relative merits of Cephalotripsy and the Caesarian section, Professor Simpson remarked, that were the child dead he should have no hesitation about resorting to the cephalotribe, but that if the child was living he should hesitate a long time before using this instrument, for it was a grave matter to decide upon the taking of human life. He rather inclined to the belief that if a woman with a deformed pelvis would go on putting herself in the way of becoming pregnant, she ought to be made to take the risks of the Caesarian operation, rather than be encouraged in her course by sacrificing the life of her child.

Prof. Simpson uses chloroform in all cases of labor, whether difficult or simple, laying down the rule, which he insists is a golden one, that it is to be given during the continuance of the pains, and omitted in the intervals. Administered in

this way, it hastens the labor, and no evil ever results from its application. It does not predispose to hemorrhage, nor to perpetual convulsions, but on the contrary tends to ward these off, and when they occur is the most efficient remedy for them. In giving it to his patients he employs a simple napkin or towel, having discarded all the various inhalers proposed for its superadministration. He does not measure the quantity, but continues to give it until anaesthesia is induced. He insists upon perfect quiet as of vital importance in the lying-in chamber; and he contends, with great reason, that the recumbent posture should always be assumed where chloroform is inhaled, whether by direction of the surgeon, the obstetrician, or the dentist. Going beyond his own department in which his authority is so high, Sir James asserts that chloroform is the best of all remedies for an incipient Catarrh, especially by doctors, who are so averse to taking medicine; and that it is also one of the most efficient of Collyria. In Catarrh, you pour a little of the fluid into the palm of the hand and inhale the vapor, and in ophthalmia you bring the vapor in contact with the eye. Returning to the use of anaesthetics in midwifery, he expressed himself in words to the following effect: "A man who should whip a poor sick woman with a cat-of-nine tails would be considered exceedingly cruel, and would probably be punished by law for his cruelty. The act would merit some punishment, but he rather thought that the accoucheur who permitted his patients to suffer the cruel pangs of childbirth, at this day, was guilty of a sin of omission almost as heinous. So safe has chloroform come to be considered in Edinburg that the nurses and old women administer it, and Sir James usually finds his patients under its influence when he arrives at their bedsides. It is the belief of this sanguine discoverer that in half a century or a hundred years the profession will have learned how to administered all our remedies in the form of vapors. He spoke in high terms of praise of the oil of juniper as a diuretic inhaled in that form. He puts a spoonful of

the oil into a vessel of hot water and directs the patient to breathe the steam.

Dr. Henry Bennet gives his testimony in favor of chloroform in midwifery. He believes that if it were the law of nature that husbands should take turn about with their wives in bearing children, the men would all at once become violent advocates of anaesthesia. I may remark that chloroform seemed to have no enemies in the British Medical Association. Prof. Simpson asserts that it never stupefies or otherwise injures the child, as is sometimes done by Sulphuric ether. This eminent man was the master spirit of the Association, and is, without question, the foremost medical man of all the world. He is the most attractive and amusing speaker to whom I have ever listened on scientific subjects. His language is always chaste, perspicuous and elegant, and he gives you kernels of wisdom coated with sugar, and shows up his stores of knowledge flavored with the most delightful wit and humor. He is a philosopher of the highest order, but a jolly one, who makes you laugh while you learn. I am strongly tempted to give you some of the amusing anecdotes with which he illustrated his opinions, but my letter is already so long that I must abstain. Next to Sir J. Y. Simpson, Prof. Pirrie was the best speaker whom I heard in the Association. Both speak with a broad Scotch accent.

During the four days of the meeting there were daily breakfasts, dinners, lunches and conversaciones given to the members, and the great event of the week in Dublin was the assembling of this body of distinguished men, whose labors are acknowledged to be intimately connected with human happiness and social progress. The papers and discussions before the Association afforded gratifying evidence to all of the high state of development to which all the branches of therapeutics have attained. Never in the history of the healing art was there probably ever before so great a concentration upon the science of intellectual power, rendition

and experience as was represented at this meeting and as is engaged in the advancement of medicine all over the world. And while this is a matter of congratulation to men everywhere, it was to Irishmen a cause of especial pride that their own physicians occupied so eminent a position at this meeting, and are regarded as among the most successful cultivators of Medical science.

On Monday I go to Paris, to be present at the meeting of the International Medical Congress, which takes place on the 15th instant.

LANSFORD P. YANDELL, JR.

## SELECTIONS.

*On the Internal Administration of Chloroform in Pernicious Fever.* BY SAMUEL EAGON, M. D., Marshall, Texas.

The object of this brief paper is to present to the Profession, the clinical history of six cases of Pernicious Fever, in the treatment of which Chloroform internally administered, was relied upon as the principal therapeutic means. These cases embrace in their number, one or more of the several recognized varieties of the disease, and are as follows:

1st, one of the cerebral variety; 2d, three of the abdominal variety; 3d, one of the thoracic variety; 4th, one of the necroamial variety.

The first case, occurring in the vicinity of Opelousas, La., in the Fall of '81, the remainder occurring in the neighborhood of this place, (Marshall Texas,) during the last Summer and Autumn.—Beginning seriatim, with these cases, the first (cerebral) was of moderate severity, though possessing in a well pronounced degree, all the distinctive features of the disease. The patient, a negro man, æt. about 25, with first paroxysm, was seen two hours after the accession of the chill, when chloroform f. 3j. was administered in double that quantity of glycerine, as an excipient; synapiams the meanwhile were applied to the lower extremities. The good effects of this dose were experienced in less than ten minutes, as indicated by the diminished frequency and augmented force of the heart's action, by returning warmth to the extremities, together with almost complete subsidence of delirium; in fifteen minutes the dose of chloroform was repeated, and in half an hour re-action was completely re-established. The patient was now put upon the liberal use of quinia, which was continued for four or five days; convalescence rapid; no recurrence.

The second case, (belonging to the abdominal variety) the subject, a young lady, æt. 17, was of much more gravity than that just detailed, the cold stage having existed for three hours with unabated violence, no efficient means having yet been resorted to for relief. Treatment, chloroform f. 3j. in glycerine, every fifteen minutes till three drachms have been taken; active revulsion to the spine and extremities by

means of symapisms and friction with hot oil of terpentine. Reaction was thus brought about in an hour, and the patient fell into a quiet slumber, from which she awoke in four or five hours, quite relieved. After treatment, quinia continued as in the other cases; no recurrence.

The second and third abdominal cases were so similar in their character, mode of treatment, and termination, as to admit of a common description. Both cases occurred in young adult males; were of great severity; were not seen by the physician for three or four hours after the commencement of the chill, which was continuing to deepen into a collapse. In these cases there were frequent, though not copious, discharges of sero-sanguinolent matter. The patient, indeed, presented very much the aspect of one laboring under epidemic cholera, in the stage of collapse. Treatment, chloroform f. 3i. in glycerine. A favorable impression made upon the patients in fifteen minutes, remedy repeated, at this interval till four drachms had been given. Revellents to the spine and extremities vigorously employed. Reaction complete in an hour and a half, favored by slight febrile movement, which lasted for an hour or more, the patients, the meanwhile, falling into a quiet sleep, from which they awoke in six or eight hours relieved. After treatment, quinia, &c.; convalescence favorable; no recurrence of paroxysm.

The fifth case was thoracic, presenting the ordinary constitutional symptoms of this stadium of the disease (cold stage) superadded to which was, laborious oppression of the respiratory organs, as shown by the much accelerated and difficult respiration. The variety of the disease is justly regarded as second only in gravity of import, to the almost necessarily fatal necreamial variety. Chill had lasted three hours before treatment was begun. Treatment the same as employed in the preceding cases, with like effects; convalescence protracted. After treatment quinia, &c.; no recurrence.

The sixth and last case (necreamial) was one of overwhelming severity, the nervous system seeming to have been almost paralyzed, whilst its dependencies seemed to suffer in like degree, from the poisonous effects of the malarial principle. The blood, indeed, upon which every organ and tissue of the body is dependent for its vital activity, seemed to be so changed and vitiated in quality, as to no longer afford appropriate material for nutrition. The subject in this case

was a German, æt. about 30, of a well developed and originally vigorous frame, but at the time of attack, much reduced in strength from the protracted intemperate use of alcoholic beverages. Patient seen not until twelve hours had elapsed from the supervention of the chill. Treatment, the same as in the preceding cases, with the exception that the remedy was given rather more liberally, and persevered in for a longer period. No impression favorable or otherwise seemed to be produced by chloroform, or any of the various remedies resorted to in the case. The patient died in six hours from the time I first saw him.

In treating of this affection, I have preferred to employ the classification adopted for the practical reason, that whilst the disease is essentially the same in all its various forms, requiring the same general mode of management, yet in reference to the diagnosis, it is important to bear in mind its several varieties, when there will be generally little difficulty in referring each particular case to the class to which it belongs.

My attention was first directed to chloroform administered internally, in 1860, by the eulogies pronounced upon its virtues in three cases, by the late Prof. E. D. Fenner, of New Orleans, who had prior to that period employed it with very gratifying results in several cases, as well as in the cold stage of ordinary intermittents, with like results. Dr. F. remarked on this occasion, that, "from the very prompt and happy effects experienced in the limited number of cases, in which I have seen the remedy exhibited, I am inclined to regard chloroform, internally administered, in the dose of from half a drachm to a drachm, repeated at the interval of fifteen or twenty minutes, as possessing more potency than any other article of the *materia medica*, in bringing about reaction from the frightful collapse of congestive fever. Having resided and practiced my profession since '60, in a highly malarial district, an ample opportunity has presented itself, which has been embraced, of putting to the test Dr. F.'s assertion as to the virtue of chloroform in relieving a paroxysm of intermittent fever in the cold stage, I am happy to be able to add, that in doing so I have had occasion, in more instances than one to feel gratefully thankful to this distinguished gentleman for his valuable suggestion. Several articles have recently appeared in the different Medical Journals of this country, each bearing testimony to the value of



chloroform in ordinary intermittents, given in the first stage. My own experience accords well with the views expressed in those articles. I regard the disease, (as I believe most Southern physicians do,) pernicious and intermittent fever, as differing in degree only, and not in kind. The treatment of both, therefore, is rationally conducted upon the same general principles.

As to the *modus operandi* of chloroform in relieving the cold stage of intermittent fever, I have seen no explanation. The most plausible hypothesis of its mode of action, it seems to me, is, that a powerfully stimulating impression is produced upon the stomach by immediate contact of the remedy, which impression is rapidly conveyed chiefly through the medium of the nervous system to the capillaries, exciting, in this system of vessels, remote sympathy. As to the prophylactic, or antiperiodic power of chloroform in intermittent fever, I am inclined to think it possesses no greater virtue in this way, than is common to all narcotics.—*Richmond Medical Journal*.

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*Bloodletting Then and Now.* By C. H. SPILMAN, M. D.,  
of Harrodsburg, Kentucky.

Fully persuaded that a proper conception of the *modus operandi* of bloodletting as a therapeutic agent, is an important *desideratum* in our profession, I propose to throw together, in as small a compass as may be, the results of inductions drawn from observation and experience, with special reference to this subject, running through a period of 36 years.

Believing, as I sincerely do, that the prevailing doctrines on this subject are unphilosophical, and lead to disastrous practical results, I read, with much pleasure, Dr. Wilson's "Plea for the Lancet," in Vol. XV., No. 24, of the "Reporter," as indicating a disposition on the part of the profession, to a more thorough examination of the subject, which I doubt not, will lead to more rational views.

When I first came upon the arena in 1842, I was not long in becoming convinced that the lancet was used too indiscriminately, and sometimes to an injurious extent. I did not bleed as much as my neighbors, because I met with a number of cases that I could as easily and more safely control without than with it. In many others, however, it was a *sine qua non* to success.

How stands the matter now? Although diseases are the same, climate the same, morbid agencies the same; although organic structure is the same, vital susceptibilities the same, involving the same therapeutical relationships, pointing to the same indications of cure; yet such has been the revolution in the medical mind, that, at the present time, a large proportion of living practitioners rarely employ bloodletting as a remedial agent, and quite a number discard it altogether. Many of our late writers on therapeutics, if they justify its occasional employment, authorize it in such dubious phrase, with such admonitory qualifications and restrictions, as to clothe it in the garb of suspicion, and deter the junior members of the profession from its employment, even where indispensably called for.

I am not unaware of the fact, that the task before me is an ungracious one. It would have been more consonant with my feelings, could I have endorsed sentiments consecrated by so many justly distinguished advocates. To the popular doctrines on this subject, however, I find myself in a position of inexorable antagonism, by the logic of facts and figures which are inpregnable. That more liberal enlightened views are demanded, and will ultimately obtain, I have an abiding conviction; and, whenever medical men shall have divested themselves of the leaven of empiricism, to which that distrust in regard to bloodletting as a remedial agent, which now sways the popular mind, may be legitimately traced, and come to view this subject in the light of rational physiological principles; we shall then have a fuller appreciation of that powerful remedy, which, as Dr. Wilson justly remarks, nature claims as her own, and shall have made an important step, toward the highest attainable perfectibility of our art.

From one opinion, however, advanced by Dr. W., in his excellent paper, I must take the liberty of dissenting. That this prejudice originated with the non-medical public; I think, is exceedingly questionable; and if the doctor will

submit the matter to a thoughtful review, he will find the responsibility where least excusable, with those who ought to know better. My observation is, that the popular verdict stands opposed to medical efficiency in that regard. Disguise it as you may, I apprehend it is accepted as a concession to the various shades of empiricism which flood our land, all of which have been weighed in the balance and found wanting.

There is no therapeutical agent, however valuable and indispensable to a successful exercise of our art, that may not be brought into disrepute by injudicious use; and a misapprehension which underlies the general prejudice which has obtained in regard to the lancet, relates to the principle on which it operates in the subversion of morbid action. Had it not been regarded as a physical agent, operating on mechanical principles, it would never have been confided to the hands of the ignorant, and we should have had fewer failures and miscarriages, which have contributed largely to this prejudice; for it is with this as it is with all other remedial agencies, the more powerful for good, the more prolific of evil, if misapplied. Employed as a vital agency, regardless of quantity, pushed to a given effect, by a practiced hand, under the guidance of a cultivated intellect, it is not only perfectly safe, but unquestionably the most potent remedial agent known to our art; nor can it be dispensed with, without surrendering to a weak vacillating timidity, compromising the most sacred obligations that can attach to a medical man, and greatly circumscribing the usefulness and efficiency of the medical art.

The argument against the lancet, founded upon its supposed debilitating effects, is an abstraction, and not an induction from a careful observation of facts. On the contrary, every practitioner who has had an extensive experience in its employment, and witnessed its magical effect in the instantaneous subversion of the most violent forms of morbid action, appreciate it as a means of economising strength. In a sudden attack of either a congestive or inflammatory character, although the patient may have a feeling of great prostration, and is unable to put forth his strength, he is not weak. Take off the weight by which he is overborne for the time, and he is still strong.

"The giant," says an able writer, "that lies prostrate on the earth, mastered by superior power, has still a giant's

strength, though he do not at that moment put it forth. Give him but the chance to throw off the load that keeps him down, and he will soon show you that he is not weak."

This is a very apt illustration of depressed vital action, misnamed debility, under the weight of disease. The intelligent physician will not be misled by the illusion. He will at once recognize this apparent debility, as the sympathetic influence of a dangerous lesion in some vital part. Although greatly diversified in the phenomena they present, according to the character of the tissues involved, and the manifold remote causes which give rise to them, I apprehend there are but few maladies not characterized by inflammation or venous congestion, either of which, by sympathetic influences, may occasion great prostration. They may be sudden in their onset, or insidious and gradual in their approach.— They may persist for some time in a simple state of functional disturbance, but oftentimes run rapidly into irremedial structural alteration. In the latter case, relief, if attainable, must be prompt and instantaneous. The practitioner, seeing the peril, and comprehending the situation, will find little room for temporizing. The most powerful means of equalizing the circulation and taking off the oppression, are called into requisition; and a philosophical view of the medium through which, and the manner in which, both morbid and remedial agents operate upon the vital economy, will at once suggest bloodletting as the most appropriate, because the most prompt and decisive means of accomplishing the object.

Irreconcilable as this may seem with that hypothesis, founded upon the mechanical philosophy, which assumes bloodletting to be a debilitant, it is nevertheless in strict accordance with the known therapeutical effect of that agent corroborated by the observation and experience of every one who has employed it, under an intelligent recognition of the principle on which it operates, in the submersion of morbid action.

The whole gist of the opposition to bloodletting, is predicated in conformity to the hypothesis, that it is necessarily debilitating; and this arises from a misconception of its *modus operandi* as a remedial agent.

Although a low pulse speedily raised, a shrivelled surface filled out, cold extremities warmed up, equilibrium of circulation reinstated, lost strength restored, vital energy ren-

evated, are phenomena which have been a thousand times observed to follow immediately on the intelligent employment of the lancet; and in multiplied instances such phenomena could have been elicited by no other means; it is nevertheless abandoned, on the ground of its alleged incompatibility with the assumed hypothesis.

Admitting the loss of blood to be intrinsically debilitating in a normal state of the system, and allowing our inability to reconcile this fact with its powerfully restorative effect in many forms of disease, the truth of which cannot be successfully controverted, it is no more seemingly paradoxical than many well known facts with which the history of medicine abound; and affords a striking exemplification of the practical value of the principle inculcated in Hoffman's Aphorism—*Arta medica tota observationibus*.

Quinia, in its nature and properties, is no less marked, intrinsically, as an excitant, than is the lancet a debilitant; and I apprehend the objector will find about as much difficulty in accounting, on philosophical principles, for the powerfully sedative influence of the former in controlling fever, as he will in reconciling the restorative influence of the latter, in diseases of depression, with its assumed debilitating effects.

To assume an hypothesis on sufficient data, and then reject every principle not in harmony with it, is unphilosophical.

It is a humiliating fact, that in the present imperfect state of our knowledge, much of our reasoning, inconclusive, and unsatisfactory, rises no higher than mere speculation. However gratifying the reflection that by a close observance and careful analysis of facts, much is known in regard to the therapeutical effects of many remedial agents, still there are doubtless a great variety of hidden, unobserved influencing circumstances, connected with pathology, and therapeutics, which, if known, would greatly modify our inductions.

From a carefully noted and patiently classified series of facts, running through a long period, during which, in disregard of the popular prejudice, I have employed the lancet, not only to subdue inflammation, but to take off the oppression, and restore the strength, in cases of the most profound congestion, I am prepared to bear testimony to its magic power as a therapeutic agent; and hesitate not to say, after a patient, persevering trial of all its reputed substitutes,

that many such cases can be reached by no other means known to the profession.

The number of lives sacrificed to this prejudice against the lancet, compared with those who fall a victim to its use, I doubt not, is as a thousand to one.

Look at the fearful increase of chronic diseases since the lancet has been partially ignored, and the profession has become tender-footed on the subject of bloodletting. Or to furnish a still more striking illustration; go to those districts where empiricism in its various forms, having manufactured, now subsists upon this prejudice, and lay it to the line and plummet of rigid vital statistics, and you will find multitudes of invalids who ought to have been restored to soundness by a prompt energetic treatment, whose cure, in consequence of an inefficient, temporizing course, has been incomplete; vestiges of disease still remain; vital lesion still lingers, ultimately to develop itself in some chronic form; and the tenure on life simply prolonged a brief period.

It is probable that tubercular disease in its diversified forms, is more destructive to human life than all other maladies combined. The best lights reflected from pathological anatomy, note it as a product of inflammation. A patient investigation of the æthiological history of very many of these diseases, rarely fails to reach an inflammation as the point of inception. This fact is suggestive, and its inculcations should not be disregarded. It strikingly illustrates the folly of temporizing in all grave maladies; and affords the highest presumptive evidence against the expectant plan of treatment, which reposes upon the medical powers of nature, while disease, none the less destructive, from its insidious character, is stealthily settling down upon the vitals. The point is this, that tubercular disease in its multiplied forms and various complications, is, in large measure, the sequel to an inflammatory attack, which might and ought to be relieved by depletory measures so decisive, as to render the cure complete; and its great prevalence and fatality may be attributable to the existing popular prejudice against the only efficient means of subduing it in its incipency.—*Medical and Surgical Reporter.*

**"Missed Labor."** BY T. B. CAMDEN, M. D., of Weston, West Virginia.

This term was introduced by Dr. Oldham, he restricted it to cases "in which the full term of utero gestation has gone by without labor pains having set in, or the expulsion of the child affected."

As such cases are very rare, and the number recorded few. I have had my attention more particularly called to them from the fact that I had the misfortune to have one. And at the time had never remembered reading or hearing of a case of the kind, nor have I since, except the cases spoken of below.

The first of these cases is related in Guy's Hospital reports, by Dr. Oldham, under the caption of a "Rare case of Mid-wifery." The narrative states that the full period of utero-gestation was completed in June, and the woman carried the child until October, three months beyond the natural period. The function of lactation was established as soon as the usual period of gestation had expired. (She had lost a quart of blood in June.) The Dr. found the os uteri dilated sufficiently to introduce two fingers; but absolutely incapable of further dilation, and he believes the uterus would have given way before a greater degree of dilatation could have been effected. The usual excitants were given, ergot, electricity, ect., but without avail. The Dr. removed the arm and some other portions of the child, together with the placenta and cord through the os uteri. The uterus soon after diminished in size, the Dr. predicted the escape of the contents into the abdomen by ulceration. The post-mortem confirmed his opinion. The anterior walls were found to be removed by ulceration. The soft parts of the child had been taken away by the absorbents, and little else was left but the bones,

The second case was recorded in the April number of the *American Journal of Medical Sciences*, in 1853, and is related in a letter to Prof. Meigs by Dr. Hortze. This woman, I believe, carried her child near three years. A post-mortem put the matter beyond cavil. As I have not the Journal at hand, I cannot give the particular symptoms, ect.

The third case is by Dr. Wm. Johnson, of White House, M. J., February, 1855. The woman, aged 36 years, became enciente for the first time in the spring of 1852. Nothing of

note occurred until December, when nine months of utero-gestation was completed. She had now pains, such as to induce her husband to call in her physician, he was called on in the evening and remained all night. The pains, however, were not severe, and wore off, *and never returned*. As in extra-uterine pregnancy, lactation was also here established at the prescribed period when utero-gestation should have been completed. She lived after this eleven months. Her health, however, soon began to give way after the abortive effort of the womb to expel the child. Dr. Johnson saw her for the first time in March. She had several turns of flooding; but the quantity of blood was not large. At this visit he found the os uteri obliterated, and the parietes of the under part of the womb thin. The tip of the finger entered the womb, and with it he touched what he thought the foetal head. He says he employed considerable manipulation in order to increase the dilatation of the os uteri; but completely failed in the attempt. He says he might as well have attempted the dilatation of a piece of sole leather; to which alone he could compare it. It gave the same unyielding sensation. In consultation with Dr. Honeyman it was agreed to attempt the dilatation with sponge tents; *secale cornutum* was given for several days, all without effect, she gradually sank until fall, having lived eleven months. The post-mortum revealed a child within the womb; decomposition of the child had progressed, and the cranial bones were readily separable. The uterus fully embraced the child on every part of its surface. The head presented in the most favorable position for expulsion.

The fourth is by Dr. Green, of Cambridge, Ohio, and recorded in the "*Counselor*, June 30th, 1855," Columbus, O.—He was called on the night of the 25th of Feb. 1836, to see Mrs. T., aged about 43 years, in her sixth accouchment; found her to all appearance in labor. Shortly after his arrival she vomited freely, after which her pains left her. She rested well through the night and expressed herself as well as ever,

He says: "I left her expecting to be sent for during the night, but heard nothing from her for eight or ten days, when, passing the house, called to see her, when she informed me that on the day I left, the waters came away, and she had had a slight hemorrhage, which continued up to that time. That she had not felt the child move since her pains



subside, and she had a copious secretion of milk. I was satisfied that the child was dead, and gave as my opinion that labor would certainly take place in a short time and expel the child. But in this I was sadly mistaken, as in a few days afterward I was requested by her husband to visit her again. I found the discharge increasing, very offensive, and her health giving way. On examination I found the os uteri about the size of a silver dollar, and as *hard and as unyielding as an ivory ring*. I tried to force it to yield, but without success. I used ergot and friction to bring on contraction if possible, hoping that by so doing, with manipulation, I could force my hand through the ring, and remove the child, which I could easily feel; but the ergot had no effect. I stated the case to my patient and her husband, and gave them my opinion that the uterus could never be emptied by any other means than a division of this ring with the knife; to this proposition they would not consent. I tried again to force the os uteri to yield, with no better success. — In fact I might as well have tried to dilate an iron ring. I then advised consultation, and Dr. Hood of Fairview, was called in. He was an old practitioner, and when he came and had a history of the case, and examined for himself, he frankly told the patient and her friends that he had never seen or read or heard of a case of the kind. I stated to him what I had done, what I tried to do and failed, what I thought should be done if the patient would submit. He agreed with me as to the nature of the case, the impossibility of forcing the os uteri by manipulation and medication; but was of opinion that nature would throw off the child by decomposition, if we would use means to sustain our patient's strength. I thought otherwise, and insisted on dividing the ring and delivering. But in the absence of any authority or precedent to sustain me, I submitted to my senior's opinion, and left the case to nature, assisted by wine, porter, quinine and nourishing diet. The case progressed gradually, her general health gave way, and in the month of July following she died, one of the most heartrending objects I have ever witnessed.

The soft parts of the child all passed away by decomposition, leaving nothing but the dry bones, some of which I removed through the ring before death, but the larger ones could not pass.

He says: "By reporting this case I do not expect to add anything to what has already been written by others; but it

is one more case, and in fact the first one in point of date of which he has any knowledge." This case lasted from February to July (five months.)

The next and fifth case occurred in my practice in July, 1863. Although the history of the case is somewhat unsatisfactory previous to my visit; yet in its result, and as regards treatment, will make but little difference. The case was that of an Irish woman, who was very ignorant, as was her husband and midwife. I first visited her July 20th, and from the midwife learned she had been in labor, as she supposed, a week; but the pains had gradually subsided, and for this strange phenomenon I was sent for. I found her weak and sallow, evidently suffering from some prostrating influence. I made an examination and found the os uteri open enough to introduce two fingers, but as hard and unyielding as an ivory ring, and inside the womb could readily feel the cranial bones, which were separated from each other by decomposition, the rough serrated edges almost cutting my fingers, evidently showing that the case had been one of some duration. The death of the child must have occurred some time before.

I tried to dilate the os by manipulating with my fingers, sufficiently, to get away the loose denuded bones, but was unsuccessful. I gave ergot but with no success—day after day I tried various remedies, but it seemed as though the os was totally incapable of dilatation. She was evidently sinking rapidly. I had never before seen or read of a similar case. I asked and obtained a consultation. Dr. Roach, a very excellent young physician, was called in, and found the case as above stated, and tried pretty much the same means that had already been employed, and with as little success. In consultation I gave as my opinion that the os uteri would never yield, that she was rapidly sinking, and from the absorption of the putrid gasses, she would soon die of pyemia if not relieved—and advised cutting the ring and making an opening large enough to relieve her of the putrid mass.

The Doctor thought it hazardous, and as the case was a new and singular one, thought that by tonic treatment nature might relieve her by throwing it off by decomposition. I consented and used the means indicated. She gradually sank into a typhoid condition, and died in four days after my first visit.

Cases of uterine abortion, like the foregoing, are necessarily rare, and as far as I can learn, always fatal. It seems when the uterine contraction does not take place, or subsides after having taken place at the full period of utero gestation, they can never be awakened again. Why this is so we cannot certainly say, but it seems to be dependent upon the death of the child, and the paralyzing effect produced upon the nerves and muscular fibres of the womb by the putrifying child—which renders the normal expulsion of the child impossible.

Although the cases cited differ from the one that came under my observation in point of duration, yet the treatment would be the same. From the effect produced upon the mother, and the total separation of the bones of the head in this case, I am led to the conclusion that the child must have been dead some time. There was no secretion of milk, or if there was, I was not informed of it.

We now come to the all important subject, how are cases of "missed labor" to be treated? Dr. Williams, in the transactions of the Obstetrical Society of London, says, as soon as a physician's attention is called to a case of this kind, death of the child, escape of the liquor amnii, and os dilatable, to turn and deliver. In the cases stated, dilatation was impossible, and nothing but a mass of bones to turn. He then said no accoucheur would any more leave a dead foetus than a putrid placenta in the womb. That he would advise dilatation by the tampon or incising the os. Dr. M. Green, in his case advocates dividing the ring and delivering the child, but as yet no case has been operated on, and as far as the cases have been recorded, not one has recovered, and it is to this dark record that I wish to call the attention of the profession, and influence them in trying other means of relieving the patient, than the ones heretofore tried. And that is, in incising the os uteri enough to relieve the woman of the putrid mass, conceiving as I do, that a clean incision, and ridding the womb of its poisonous load, would give us better hopes of recovery than to wait for nature to rid it of its contents; especially as in all recorded cases, death was the inevitable result, sooner or later, by the expectant treatment.

I am anxious to learn of any other cases that may have fallen under observation, and hope they will be reported.

## EDITORIAL AND MISCELLANEOUS.

## CAUTION AND SIMPLICITY, THE TRUE TEST OF EXCELLENCE IN THE PRACTICE OF MEDICINE.

History repeats itself. Thirty years ago many of the schools and very many of the first minds engaged in teaching and practicing medicine, were swayed with a love of the heroic, and, abandoning conservatism, set about demolishing the whole phalanx of morbid phenomenon with as little ceremony as if it were fun. Sixty grains of Calomel was the minimum portion, the maximum was an ounce, or what you pleased. Blood was taken by the quart or half gallon, and I have seen ten blisters doing the work of counter irritation at one time on a single subject. Salivation, sloughing, loss of teeth, and other hard consequences followed. Tartar emetic and Cook's Pills, occupied a prominent place in the foreground. Calomel was called the Sampson, and Tartar Emetic the Herculean club of the *Materia Medica*, while the lancet, blisters and Cook's pills might have been dubbed, with propriety, the battle axe, scalping knife and shot gun. As a consequence of this propagandism, conservatism was crushed out. None but heroes found employment, radical treatment was the order of the day, for everything that smacked of *morbid action*. Fees were doubled, and fortunes were to be made in a year or so. But the public mind was not tranquil, a revolution was impending, and it came. Our heroes were all banished to rural shades, without time to enquire why or wherefore. Thompsonianism, like Minerva from the brain of Jove, stood before the whole country, from Boston to Savannah, in full manhood, proclaiming that every drug in the *Materia Medica* was an enemy to human life, and that bleeding would certainly kill. Their theory was

simple, "heat is life and cold is death." *Take* the "canker" out of the stomach with Cobelia, and fill it with red pepper to keep the man warm, and he is safe until old age garners him home, free from pain, and his business all settled up.—As a consequence every man who had lost a member of his family, or his teeth, or was bald headed, sore eyed, thin visaged, or ugly, attributed it to the faculty, and swore worse than the "army did in Flanders," that they should doctor him no more. And many have kept their word. Thomsonianism is a living heresy, ridiculous as it is, and will continue another generation or two, in all probability. But this is not the only heresy which the grand old profession of Medicine, in its moments of quixotism, has allowed to rise up and become formidable. Hydropathy, founding its claims upon the curative effects of water, has bounded into life, dating no further back than the early part of the nineteenth century, and yet claiming to be the first to discover its healing power. Notwithstanding its uses date back to the great monarchies of Babylon, Assyria and Egypt. Notwithstanding it was practiced by Hypocrates five hundred years before Christ, and by Galen in the days of the Roman Commonwealth, and by wise men of the profession ever since. Still this monstrous absurdity, with not a semblance of truth to back it, from the dependence of the profession upon other things, and their neglect to enforce its frequent use, as one of the greatest adjuncts we have in the treatment of fevers and inflammations, has permitted a system founded upon this alone as a curative, to take root and become formidable over the whole world.

Homopathy is such a dear little harmless thing, that we scarcely know how to characterize it. It is the "expectant system," Cullen called it the expectant plan, that is, in simple and doubtful cases, to wait, let the simple get well and the doubtful ones develope. Hahnemann was a smart fellow he makes a "system" out of it, and the children must have the little pellets of goat's milk and sugar, or there will be

no doing anything with them. We will relate an anecdote: In the city of —, Ky., a couple of polished gentlemen from the "Hub," located as Homeopathic physicians. A wealthy gentleman had a little excentric daughter, six years old, whom he was anxious to have cured of her excentricities.— He had consulted every medical man in reach, without any benefit. He speedily made the acquaintance of the two nice gentlemen named. He asked their advice, and secured their services. They examined the case and assured the anxious parents that the child could be radically cured in a few months. Taking from his very handsome pocket case two little bottles, filled with pellets, about the size of mustard seed, he ordered one before each meal from one bottle, and one after each meal from the other, but warned them of the great danger of reversing the order, or giving more than one of each at a time. And further, if any unpleasant symptom should follow, to inform him promptly, but out of abundant caution, he consented to call night and morning with the antidote, and guard the case at all points. Two or three days passed, the child rejoiced when the time came to take the medicine and always wanted more. The bottles were kept out of sight on the fire board. It happened that all were out of the house but the child, by the aid of a chair, it reached both bottles, and eat up their entire contents, and when the mother returned, was playing with them as toys. The story was soon told, the mother fainted, all the Doctors in town were sent for, the two Homeopathics amongst them. The father called for the antidote, the Doctor had forgotten what was the antidote. The child laughed and frolicked as though nothing was wrong, called for more medicine. The scene beggered description. Homeopathy was stumped for once. The patron, a fine gentleman, concluded to give over any farther efforts at curing the child. But neither of the parties liked the joke.

Now none of these vagaries ought ever to have had a stage of incubation, much less to have hatched, and grown

to power and influence, and certainly they never would have done so, if the profession had been true to itself. The fault lies, not in the profession, but its friends. Not in its truths, but the bad use that is made of them. Nor are the rank and file to blame, they are generally earnest men closely engaged with their duties as they have been taught them. But there are men in the profession who are talented, educated, plausible and ambitious, who talk well and write well, but have little taste for the drudgery, as represented in the detail of an honest, night and day, rough and tumble practice, who love to sleep, and see much of society, and convivial life, and yet the means of doing all this has to be improvised out of the daily gleanings of their profession—specifics are thought of. Some grand idea of beating the “tiger,” by which fame is to be won, or notoriety at least, sufficient to keep off drudgery and keep the supply bills paid. The profession of Medicine has never been injured by its enemies, they have never been sufficiently powerful to do it hurt. Its greatest injuries have been inflicted by its professed friends. The public mind, ever awake to its own interest, is constantly inquiring how the matter stands in medicine. Thompson, Haunemann, Priesnitz (I believe is his name, and if I have missed it, or the orthography is at fault, I beg pardon) “we loose no patients,” says this tryo, “not a man has died under our treatment since the profession, as practiced by us, began its brilliant career.” And yet people die, whose patients were they? Not the patients of our bastard cousins, for they never loose any, they were undoubtedly the patients of the faculty, for they never defend themselves against the charge of killing every body that dies. Now the plain truth is simply this, the public are willing to trust to these men until they become seriously ill—often when beyond the reach of remedies—our cousins are dismissed or quit the field, as we have many times observed them to do, and some medical gentleman is called, and if the man dies the death is charged to the profession. Hence in the great Metropolis of England, the

premium on life insurance is smaller where Homeopaths have charge of the health and life, than where the regular profession have it, (with certain companies, I mean.) They are able to prove that under their treatment nobody dies.—Whilst Sir Thomas Watson and Tilbury Fox, and the great minds of London, would scorn to dispute an assumption, not claimed by their equals, nor founded on a single fact even, but the mere catch word of a jockey, caught up and repeated by the crowd, who know nothing, and can know nothing, of the merits of the case.

A late writer on Homeopathy, says wittily, there is in it nothing true that is new, and nothing new that is true.

As we have said before, all these systems have resulted from the haste of some of our brightest men to gain notoriety—to become leaders and propagandists, and be gazetted all over the world as the author of something new. McCauley says, (see *Miscellanies*) that the attraction of gravitation would have been discovered just when it was, if the great Newton had never lived, that great discoveries come in the natural course of experience, and requires only the earnest use of such well established truths as we have, to develop others. The gold hunter first finds the coveted treasure in grains, then in pennyweights and finally, perhaps, nuggets, but this does not establish the value of the mine, he goes on until he finds the vein, the great matrix, before he exclaims Eureka.

It would be well if Medical men would imitate this prudence. We have developed ideas enough, and fast enough. We have a plenty of the raw material, the thing we want is patient, earnest thinkers to study facts, and trace out their leadings, until great embryo truths, as yet hidden from view, are laid bare alike to the eye of the believer and skeptic. To effect this, let the profession come back to first principles. Simplicity is nature's law, embrace it, study it in this way, and at every step she will unfold new beauties and new treasures. What a field is open to us in the nervous system, the circu-



lation, the laws that govern the functions, organic election, &c., &c. Much as we have achieved in Medicine, we have scarcely approached the shores of the great ocean of truth.— Let us not run away with a single idea, and delude ourselves with hypotheses, but awake to the true dignity and responsibility of our high calling, and labor for truth alone.

But we fear that history is about to repeat itself, notwithstanding the severe lessons of the past. While cautious men are speculating upon the danger attending the use of chloroform, and, by a close analysis of its intricate chemical constitution, to ascertain upon what that danger depends, it has been as thoroughly utilitised by some of our enterprising co-laborers, as paregoric or salts. Classed amongst the sedative narcotics, it is claimed by some, that it acts through the nervous system upon the organism. Other theories are extant maintaining that its action is directly upon the blood, and sharing the properties of all other narcotics, may be given with equal safety. We dissent entirely from this latter opinion, and warn our heroic friends to beware of its careless inhalation.

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### OMISSION.

The following paragraph was omitted in the making up of the first form. It is the last paragraph of the article by Dr. A. GIVEN, of Louisville, Ky. :

They should be given in as large doses as the stomach will tolerate, and repeated every two hours. The inflamed and ulcerated parts should be cleansed with tepid water, thoroughly dried, and covered with the collodion glycerine, and iodine twice a day. Every practitioner is familiar with the rapid resolution of erysipellatous inflammation after the application of tincture of iodine and glycerine. Bromine possesses similar properties. But it must be borne in mind that external applications amount to but little, unless the aplasticity of the blood is corrected.

## OUR EUROPEAN CORRESPONDENCE.

We publish in another column a second letter from our distinguished friend, L. P. Yandell, M. D. His letters are very able, and show an immense amount of laborious enquiry in all matters appertaining to the profession of medicine. He has recently gone to Paris, from which place we hope to hear from him, in time for our next monthly issue.

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### PROF. W. S. ARMSTRONG.

Prof. Armstrong, filling the chair of Anatomy in the Atlanta Medical College, sailed for Europe, on the 8th of last month, to be absent six months. He will visit London, Dublin and Paris, for the purpose of seeing their Schools and Hospitals, as a means of further prosecuting the study of his profession. Prof. A. is a young man of talents, and we doubt not will make a good use of his time.

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### PROF. D. W. YANDELL.

We notice that Prof. Yandell, who fills the chair of "Principles and Practice of Medicine," in the Medical Department of the University of Louisville, was to deliver the introductory address before the students and faculty of that institution at the commencement of its regular session, on the 1st inst. We do not hesitate to say, although we have not seen the address, that it was an able one.

Prof. Yandell has no superior as a thinker and man of

talents, of his age. His acquirements, varied, and of the first order—combining the useful with the elegant, show at once the crucible of thought, the grace of literature, and felicity of style. His convictions led him into the Southern Army, at the very commencement of the war, although at a heavy sacrifice, and he stood by the cause, giving his earnest attention to the organization and efficiency of the Medical Department, until all was lost, and then returned to his native State, with his parole and oath of allegiance in his pocket, to resume and fulfill, like a man as he is, his duty to society, and all that is meant by allegiance to the United States. We predict for him a future of great usefulness to the cause of humanity and of honor to himself and the profession, of which he is an ornament.

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### WHAT WILL ENSURE A HIGH STANDARD OF MEDICAL KNOWLEDGE?

Thorough qualification exhibited in the green-room, and not additional requisites for admission to examination for the Degree, insures a high standard of medical knowledge in the profession. If Colleges from interested motives, or other cause, fail to make the necessary exactions, a separation of the teaching and licensing authority, by the appointment of Boards for examination unconnected with medical Schools, is the only plan of effecting that desirable object.

The following opinion of the attempt at reform in this particular by the Convention of Colleges, we copy from the *Medical Gazette*, a weekly Review of Practical Medicine, Surgery and Obstetrics, New York; the first No. of which is on our table:

“The reformers of medical schools appear to meet with small success. That reforms are needed, and that the re-

quirements for admission and for graduation should be more severe than at present, is undoubted. We fail, however, to perceive the superior advantages of the schedule proposed by the committee whose report is before us. Anatomy, for instance, is only required to be studied by the freshman class, instead of every session, as it should be. Public hygiene is included in the proposed curriculum, but personal hygiene, which we think of equal if not greater importance, is omitted. Reformers have a hard time of it in this world and we anticipate a rugged path for the estimable and distinguished gentlemen who have the matter in hand."

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The following excerpts we make from the Druggists' Circular:

*Grubs in the Face—Acne Punctata.*

It is no easy thing to remove this affection from the face, for it seems to be dependent, in a great measure, on the physiological functions of the sebaceous follicles of the skin, which are peculiarly developed in persons suffering from this unsightly eruption. The grub-like matter is the secretion of the follicle, thickened like cheese, and confined by an obstruction of the orifice. The black head is only dirt at the mouth of the follicle, adherent to the sebaceous matter. It is said there is actually an animalcule in each little cast, that may be pressed out by squeezing, and it has been termed *Steatozoon folliculorum*. Remedies seem to have but little effect in curing acne, for there is in truth no particular disease to remove. Stimulants, or whatever excites the cutaneous circulation, should be avoided—the bowels kept moderately open, with some one of the mineral purgatives, and, instead of soap, a solution of twenty grains of the carbonate of soda dissolved in a quart of water, may be used as a detergent. A spirituous solution, consisting of two drachms of oil of lemon and half a drachm of oil of rosemary in a pint of alcohol, should be applied as a lotion to the skin immediately after washing with the soda water.

In chronic cases, to the foregoing lotion may be added advantageously half a grain of corrosive sublimate to each ounce of the spirit.

*Charcoal Pencils to replace the Actual Cautey.*

In the May (1866) number of the same Journal, p. 358. is a formula for *Charcoal pencils to replace the actual cautery* recommended by M. Bretonneau: "Light powdered charcoal, 20 parts; nitrate of potash,  $1\frac{1}{2}$  parts; gum tragacanth, 5 parts; water, 24 parts: make a pilular mass, to be divided into cylinders of the size of an ordinary pencil, and about ten centimetres (nearly four inches) in length."


*Decoction of Sage in Profuse Sweating.*

M. Vignard, of Nantes, after the manner of Van Swieten, has successfully employed decoction of sage for the relief of profuse sweating. In the case of a man twenty-five years of age, who had suffered, from time to time, during many years from attacks of this kind, the remedy proved effectual. The sweating began suddenly between two and three o'clock in the morning all over the body, and was so profuse as to completely saturate the bed-clothes and to a considerable extent the mattress also. In consequence of the regularity of the attacks, sulphate of quinia was tried as an antiperiodic, but unavailingly; the perspiration regularly reappeared, and without any apparent pathological cause. At length M. Vignard prescribed the following preparation: Take of chopped sage leaves, a large teaspoonful (*une forte pincée*;) of water, six fluid ounces. Boil the sage for a minute or two in the water; let it stand to cool, then filter and sweeten to taste. From that time the perspiration ceased whenever the decoction was taken, reappeared when it was omitted. M. Vignard suggested the use of this remedy in the colliquative sweating of phthisis.—*Journ. de Méd. de Nantes.*

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*"Dr. de Jongh."*

Vol. VIII.

NOVEMBER, 1867.

No. 9

ATLANTA  
Medical and Surgical  
JOURNAL.

NEW SERIES.

EDITED BY

J. G. WESTMORELAND, M. D.,

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

W. F. WESTMORELAND, M. D.,

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

J. M. JOHNSON, M. D.

*Pax et scientia, sed veritas sine timore.*

PUBLISHED MONTHLY AT \$4.00 PER ANNUM, IN ADVANCE

ATLANTA, GA. :

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.

1867.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.

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## ORIGINAL COMMUNICATIONS.

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### ARTICLE I.

*Acute Glaucoma of both Eyes Successfully treated by Paracentesis of the Cornea.* By W. F. WESTMORELAND, M. D.,  
Prof. Surgery in the Atlanta Medical College.

Since the elaborate memoir by Prof. Von Gräfe of Berlin, in 1857, introducing the operation of the iridectomy for the treatment of Glaucoma, Ophthalmic Surgeons have extensively discussed the pathology of this disease, but as yet have not accurately defined the exact nature of the disease of the eye named "Glaucoma" by iridectomists. Whatever may be its precise character, whether an affection of the Ciliary nerves, a rheumatic condition of the circulation, or a hypersecretion of the fluids of the eye, all, I believe, are disposed to admit that the whole series of phenomena as witnessed in the disease are referable to one cause—"a morbidly increased tension of the tunics of the eyeballs, produced by intraocular (hydrostatic) contained fluids."

It is not, however, my purpose in this article to enter into the discussion of the pathology of this disease, or reproduce the opinions of ophthalmologists who have devoted much time and labor to the investigation of the subject, nor do I propose to discuss the relative merits of the operations, paracentesis cornæ, iridectomy and a section of the ciliary muscle, proposed for the relief of this condition of the eye, but simply to report a case which was entirely relieved by tapping the cornea, as suggested and successfully practised by Prof. Sperino of Turin.

In March, 1867, I was called to see Benj. H—, ten years old—well grown and up to the present attack had enjoyed good health. I found him with considerable fever, pain in the head, back and knees, with some cough. I regarded the attack as influenza, which was then prevailing in the city, and prescribed accordingly. Two or three days later I was called again and informed by the mother that he was suffering with his eyes.

Upon examination I found considerable redness of the conjunctiva, but regarded it as a simple catarrhal ophthalmia, and prescribed the ordinary remedies. A week later I was called in great haste and found the family much alarmed. They assured me that the child was entirely blind. Upon examination I found the eyes less congested than when I last saw him, but completely blind in the right eye, and only able to distinguish, imperfectly, large and bright objects with the left eye. I then, for the first time, suspected the true character of the disease. The eyeballs were *tense*; the right perceptibly more so than the left. The pupil of the right eye was greatly dilated, the left not so much so—and slowly responded to a bright light.—The age of the child and its unmanagable disposition precluded the possibility of procuring the ophthalmoscopic and other tests which could be readily obtained in the case of an adult. It was evident that I had a case of acute Glaucoma.

I determined that instead of an immediate operation as

insisted upon by the majority of ophthalmic surgeons, to try first the power of medication suggested by the surgeons of the Ophthalmic Hospital, Southwark, and put my patient upon large doses of the Iodide of Potassium, and ordinary doses of Belladonna.

The patient, however, continued to grow worse, and at the expiration of ten days was completely blind in both eyes.

It was now evident that an immediate operation was the only hope for my little patient. As Prof. Sperino often performs paracentesis cornæ preliminary to iridectomy, believing that in this way he obviated many of the risks, especially internal hemorrhage, I determined to tap the cornea, and if necessary, a few days later, to perform iridectomy.

On the 8th of April, assisted by Drs. D'Alvigny, Alexander and Flewellen, the patient was placed under the influence of Chloroform, and with a broad-pointed cataract needle, a little curved to prevent wounding the iris, I tapped both eyes, making the incision in the cornea near its junction with the sclerotic. The aqueous humor of both eyes passed out in a jet. The Belladonna and Iodide of Potassium were continued.

No unpleasant symptoms followed, and in four days the patient could very imperfectly distinguish objects, particularly red and white, but whether with one or both eyes it was impossible to say, as the child was always alarmed at my presence, so that I was, to a great extent, forced to rely upon the investigations of the mother.

The improvement continued for a week or more after the operation, when the mother informed me that the child did not see so well as it had—that the change to her was very perceptible. Ten days after the first, a second operation was performed in the same way as the first, and was followed by a rapid improvement. The medication was continued as before. The eyes continued to improve, and a month after

the last operation, as far as I could judge, were completely restored. Six months have now elapsed since the operation and the child has had no further difficulty.

If paracentesis cornæ renders iridectomy less hazardous as suggested by Prof. Sperino, and as the above operation and numerous others performed by other surgeons prove that it may result in permanent relief, why not in every favorable case commence the treatment with this operation?

---

## ARTICLE II.

*Gun Shot Wound—Delirium Tremens, Administration of Chloroform in, &c.* By L. H. ORME, M. D., Atlanta, Ga.

About six o'clock on the afternoon of the first of January, 1866, I was requested to see Mr H., of this city, who had been the innocent, but unfortunate victim of what apparently seemed to be a very trifling, but which subsequently proved to be a very dangerous gun shot wound.

Upon a thorough examination I found that the ball (fired, judging from the character of the aperture, from a Colt's Repeater) struck immediately upon the outer aspect of the Great Trochanter—indenting the bone—and in all probability fell back through the wound it had made, as a few days later a ball was found among the clothing of the patient, supposed to be the same by which the injury was inflicted, and as the most careful probing would discover no trace of the ball in that direction I became settled in the conviction that it had made its exit in this way.

My patient experienced no considerable inconvenience until the next morning at nine o'clock, when he complained of great pain in the region of the wound and in the whole extent of the leg.

In answer to his urgent request some stimulant was administered very sparingly and with a view to alleviating his great suffering, which was now becoming very intense; a grain of Morphine was also administered. This succeeded in relieving him temporarily, but it was apparent that the power of his whole nervous system was rapidly becoming entirely dethroned and the further exhibition of stimulants or powerful nervous agents would not only fail in relieving the difficulty but would prove positively injurious by augmenting and continuing this deranged condition, which on the third or fourth day began to develop unmistakable symptoms of Delirium Tremens.

Previous to the reception of the injury this patient had been on no debauch or "spree," as it is usually termed—had been accustomed, however, to a moderate indulgence in alcoholic stimuli—and was in good health.

Supervening upon this injury we have a case of Delirium Tremens, as well marked as any ever known to the profession, which certainly could have been the result of nothing but "shock" from mechanical injury with subsequent failure properly to react.

Dr. R. C. Word, of this place, was called in consultation, and the treatment usually adopted in such cases resorted to without any beneficial results.

There was no attempt on the part of the patient to quit his bed, nor did he make any violent demonstrations other than boisterous language at times.

He was exceedingly annoyed by the continual presence of snakes crawling on the wall and about his bed, and frequently called upon different members of his family to remove lizards from the "mantle piece" as well as other reptiles and little animals in his judgment not sufficiently domesticated to mingle in his household.



Upon the suggestion of Dr. Word, the Elixir of Opium and small quantities of brandy were administered in order to procure sleep; but our patient successfully resisted all such medication, and in spite of our efforts to relieve him this distressing condition of things had now extended to the ninth day, and it was very evident that the patient's physical system was fast succumbing under the influence of this terrible excitement, and that unless rest could speedily be obtained the last vestige of hope would disappear.

Upon consultation with Drs. W. F. Westmoreland and J. F. Alexander, of this city, I decided, as a *dernier* resort, to place him profoundly under the influence of Chloroform—and I must confess it was not without some misgiving that I carried this into execution, as the nutritive process had been suspended for so long a time, and vitality was at so low an ebb, it was extremely problematical how far the contemplated soporific influence would extend.

Chloroform was administered about 4 o'clock in the afternoon and carried to complete anesthesia, which lasted until 1 o'clock the following morning, when he awoke and spoke rationally, to his brother who was sitting near, (memorable words with his family) for the first time in nine days.

I am firmly persuaded that had it not been for the exhibition of Chloroform in this instance the patient must have inevitably perished.

He had no return of delirium from that time and continued to improve under a dietetic treatment until he was finally restored to perfect health.

Dr. Bennet, in his excellent work on the practice of medicine, recommends that in Delirium Tremens all medication should be dispensed with and an entirely nutrient treatment adopted, and gives a tabular statement of twenty cases admitted to the hospital of which he had supervision, during the months of May, June and July of 1864, all of whom recovered under a simply dietetic treatment with the exception of two, to whom at the outset, emetics were administered.

The average duration of these cases, or at least of their stay in the hospital, being about six days.

I am disposed to agree with the author that supplying the accustomed stimulus, theoretically considered, is tantamount to adding coals to fire, and practically, experience teaches that patients more rapidly recover under a nutrient treatment, *as a general rule*, and provided their systems will appropriate the nutrition taken into the stomach; but then I contend there are cases, as the one related above, in which to depend upon such a course were simple madness; for whilst you were waiting for the assimilation of your nutrients the exhaustive process of the disease would terminate your treatment in the death of your patient.

---

### ARTICLE III.

*Extraction of a Large Stone from the Urethra of a Boy three years old.* By J. F. M. DAVIS, of Gum Springs, Va.

On the 1st of November, 1866, I was called to see a boy three years old, who the father told me had been suffering from gravel, and had not passed water for twenty-four hours preceding my arrival. I found my patient large for his age and apparently in good health, but was informed, however, that the child had been sick at intervals for a year or more.

I found the bladder greatly distended, and the skin over abdomen red. Not suspecting the cause of the retention of the urine, I ordered a warm bath, hoping in this way to relieve my little patient, but without effect. Learning that his bowels were constipated, I ordered an enema of warm

soap-suds and common salt, which produced the discharge of hard lumps of fecal matter, without any discharge from the bladder. Not having a Catheter sufficiently small to introduce into the bladder of a child so young, I concluded to use an injection *per Urethra* of warm water, hoping in this way to overcome the difficulty; nothing, however, was accomplished.

Night coming on, I ordered anodynes and warm applications to be continued during the night.

I saw him again on the morning of the 2nd. He had rested tolerably well during the night, but his bladder was still unrelieved and greatly distended. I had supplied myself with a Catheter of the proper size and at once proceeded to introduce it into the bladder. About one inch from the meatus the catheter was arrested by the presence of a foreign body which from the rough and gritty feel was readily recognized as a stone of sufficient size to completely obstruct the urethra.

After a careful examination it was made evident that there was no means of removing the obstruction except by an operation.

After forcibly drawing back the prepuce an incision was made through it to the urethra. Firm pressure was now made behind the stone with the hope of forcing it sufficiently near the mouth of the urethra to grasp it with a pair of forceps; but it was found impossible to dislodge it. The incision was now extended through the urethra and a stone half an inch long and three-quarters of an inch in circumference was removed, to the great relief of the little sufferer. There was an immediate and copious flow of urine. The hemorrhage was slight, and by the application of cold water soon ceased. The after treatment consisted in the application of cold water by means of cloths. For some days after the operation small clots of blood passed at each micturition.— Nothing unpleasant occurred, and the wound healed in a few days.

Ten days after the operation I was called to see my little patient again, and found him extremely ill with acute meningitis. It proved a tedious attack, but he finally recovered and now seems in the most perfect health.

---

## ARTICLE IV.

*A Case of Doublets—Uterine Inertia—Alarming Sequences.*  
By E. L. CONNALLY, M. D., Albany Ga.

A few months since I was called to Mrs.—— H., aged 28 years—had been married 14 months—nervous temperament—delicate, but apparently healthy. Found her seven or eight months advanced in first pregnancy. Patient complained of stranguary, with pain in the iliac region; and a sense of great weight and fullness about the pubis, which I found to arise from a vascular tumor of the meatus urinarum. It seemed probable that the iliac distress arose from tension of the uterine ligaments. As objection was made to the simple operation proposed to relieve the vascular tumor, and no other interference seemed necessary, a prescription incorporating Bromide of Potassa was made, at the same time expressing the hope that all would go well with her.—Before leaving, however, she informed me that previously to her marriage she had been treated for uterine disease by cauterization and pessaries.

On the 25th of May, at 8 a. m., was called in haste, and found her in the first stage of labor. Was unable to discover any dilatation of the os, and after giving some instructions as to the management of the case in my absence, left her for three hours. On my return found labor progressing slowly; os slightly dilated, soft and dilatable, but pains not

very distinct, apparently. Patient complained of great suffering, general uneasiness, and nervous irritability. Dr. Cromwell, who accompanied me in this visit, suggested the inhalation of Chloroform, which was used to incomplete anæsthesia, quieting her into a comfortable slumber, in which consciousness was not entirely destroyed, but ease afforded. Continuing the anæsthetic, at short intervals and in small quantities, for several hours, it was found that the os had not dilated further during the anæsthesia, nor were there any other evidences of uterine contraction than agonizing pain in the back and pubic region.

The administration of ergot was then commenced in the dose of a teaspoonful of wine every thirty minutes.— Finding no impression made, after using it for an hour, the dose was increased to double that quantity, until two ounces had been consumed, with the same result. Seeing no good reason why the amount taken, if an active preparation, should not produce contraction of the womb, it was determined to try another specimen, which was done to extent, without any impression upon the uterus. Not being yet satisfied to give up my confidence in the efficiency of this useful drug, I obtained the same preparation of ergot from the third druggist. In the mean time a cup of coffee and an occasional drink of water had been taken; and had been ejected from the stomach before the administration of the third specimen of the ergot. The last two ounces were then given in the dose of a tablespoonful every twenty minutes; to which was, once or twice, added a drachm of Dr. Squibb's ext. ergot. She had then taken, during six hours, about six fluid ounces wine of ergot, and one or two drachms Squibb's extract, without having produced any perceptible impression, except occasional vomiting, during the administration.

It being then eighteen hours since the commencement of labor, and the patient expressing a sense of great exhaustion, at midnight an anodyne of opium was given and quiet enjoyed till morning. Being in the habitual use of Opium,

and the stomach at the time irritable, half drachm Squibb's Comp. Liq. Opium was introduced under the skin by the hypodermic syringe. This gave quiet and comfort, to some extent, but did not induce sleep.

26th.—7, a. m.—Patient in pretty much same condition: os uteri soft and yielding, but very little more dilated than on the previous evening. After being propt up in bed, nourishment was ordered and I left her for two hours. Returned at ten o'clock, accompanied by my friend and partner Dr. Cromwell, and found her quiet, and the os considerably dilated—larger than a dollar; the child was lower in the pelvis, seemingly from the force of gravitation, as there were no pains by which to account for it or the dilation of the os, unless insensible contraction of the longitudinal fibres not discoverable to patient or physician was operating on the womb. All that seemed necessary to complete the delivery was two or three expulsive throes.

With the hope that the few hours rest had changed the susceptibility of the uterus, we again commenced the use of Ergot in full doses. The result was, however, as before—no contraction produced. We then determined to deliver with the forceps. She had been in labor thirty hours. While under the influence of Chloroform the straight forceps were applied and she delivered of an asphyxied female child. It was, however, soon resuscitated by Dr. C., and in the mean time I found descending the head of an other child. The forceps were again applied, and she was delivered of another female child. This was also with difficulty resuscitated. The secundines were immediately removed, but the uterus did not contract promptly. Considerable hemorrhage supervened, and continued till the hand containing a lump of ice of considerable size was introduced into the womb and rotated so as to excite the organ to the necessary contraction.

The children, after new life was established, were apparently healthy, weighing six pounds each. Prescribed for the mother Brandy and Morphine.

9 p. m.—Patient comfortable, but had not slept. Some uneasiness from distension of the bladder, which was relieved by the Catheter. Ordered half grain Morphine, and repeated in two hours if sleep was not induced.

May 27, 9 a. m.—No sleep during the night. Relieved the bladder of a large quantity of urine. Symptoms favorable, except that she had not slept since the commencement of labor, and particularly loquacious. There was evidently a tendency to mental aberration, of which she had, to some extent, suffered before her marriage. In order to quiet the mental agitation and promote sleep, I gave hypodermically eight drops solution of Morphia and Atropia, containing one-fourth grain of the former and one-eightieth grain of the latter. Not finding any impression made in twenty minutes, twelve drops of the same solution were injected under the skin. After waiting thirty minutes, without any decided impression, and knowing that the habitual use of Opium before confinement made it necessary to use more than would otherwise be necessary, the third dose containing twelve drops of the solution was administered hypodermically. She had then taken, in the course of an hour, one grain of Morphine and one-twentieth grain Atropia. After remaining half an hour and finding no disposition to sleep, but still very talkative, I enjoined perfect quiet in the room and left.

In about three hours was summoned in haste, and found her insensible; pulse labored, strong and frequent; breathing difficult. Supposing the symptoms were probably the result of narcotism, I ordered coffee, and as soon as it could be obtained, injected caffien under the skin. In the mean time, however, the symptoms of asphyxia increased, until the face became livid, and the breathing for a time entirely interrupted. Finally the breathing became easier under the influence of caffeine, cold applications to the head, sinapisms to the spine and extremities. For an hour or two she thus remained, breathing imperfectly—pulse 140 and full, when

suddenly she sprang in bed to a sitting posture, with unintelligible and incoherent expressions. Soon she became composed, and talked to some extent rationally, of her having realized the torments of hell! The peculiar maniacal stare of the eyes soon gave place to a more tranquil expression, and with it her accustomed loquacity. A blister was applied to the abdomen and the bladder emptied.

Returned at midnight, and though more composed, in every way, found her still talking.

May 28, 8 a. m.—Has slept very little during the night—not half an hour, all together. Pulse 100—still talking. Took nourishment and nursed her children, of whom she seemed very fond. Prescribed *Ol Ricini*, and evacuated bladder.

2 p. m.—Bowels acting freely from oil. Prescribed a drachm *Tr. Opium* by enema.

9 p. m.—Had not slept; continued to talk incessantly; pulse 105. Emptied the bladder, and prescribed, hypodermically, three-fourths grain *Morphia* and one-fiftieth grain *Atropia*.

May 30, 9 a. m.—Has slept but few moments during the night—Catheter used at midnight. Pulse 100; tongue coated with a heavy, buffy fur. Prescribed the following:

|                                    |         |
|------------------------------------|---------|
| $\mathcal{R}$ Hydrarg. Chlor. Mite | grs. v. |
| Palv. Rhei                         | grs. x. |
| M.                                 |         |

S.—Take at once in electuary.

Catheterism, and the occasional use of some opiate preparation constituted the principal treatment for several days.

June 4, 9 a. m.—Symptoms not so favorable. Pulse 130 and hard; tongue red, smooth, dry and pointed; pain in the head; lactation considerable, with pain and soreness of the mammaræ—no tenderness of the abdomen. Prescribed the following:



℞ Hydrarg. Chlor. Mite                      grs. vj.  
 Pulv. Doveri                                      ʒ ji.

M. and make six papers.

S.—One every three hours.

In addition, iced acacia water for a constant drink, the breast pump and Ext. Belladonna to the Mammæ, were directed.

10 p. m.—Free perspiration; pulse 115 and soft.

June 5, 9 a. m.—Pulse 98; had slept about two hours during the night. Prescribed the following:

℞ Quinia Sulph.                                  grs. xxji.  
 Acid Sulph. Asom.                              grs. —

M. and Ft. Pil. No. xvj.

S.—Two every three hours.

June 10, 7 a. m.—Complained of uneasiness and pain in the bladder; examined the urine and found considerable pus discharged with it. Injected into the bladder tepid water, and after washing out the viscus, threw into it tepid water acidulated with Acidum Nitrici—afterwards a solution of Hyoscyamus. For internal administration prescribed emulsion of Terpentine, Quinine and Iron, nourishing diet and brandy.

June 23.—Patient feeble; prognosis more unfavorable—growing weaker, despite the supporting treatment. The condition of the bladder, however, very much improved.—Suffers pain in the right lumbar region and centre of the sternum, without any perceptible cause. Persistent insomnia and retention of the urine are the constant difficulties through the whole progress of the case, with unabating loquacity. Great emaciation had resulted from the protracted suffering. Prescribed the following:

℞ Ext. Hyoscyami                                  grs. xx.  
 Ext. Stramonii                                   grs. jii.  
 Morphæ Sulph.                                   grs. ii.

M. and Ft. Pil. No. vj.

S.—One every three hours.

Under this preparation she rested more quietly, but slept very little. From the soothing influence of these neurotics her strength somewhat increased. For a few days after the use of the above combination all medicine was suspended; then the same repeated. In the mean time the left breast had suppurated and discharged a large amount of pus. The issue continued for about six weeks.

July 1.—Discharge from the breast very much lessened; voids urine. Under the use of Aromatic Sulph. Acid and Quinine the appetite has very much improved, and the general strength greatly increased; sleeps comparatively well.

The twins died when three weeks old from *tabes mesenterica*.

The principal points of interest to me in this case are:

1st. The cessation of uterine contractions during partial anæsthesia from Chloroform.

2d. The failure to reestablish uterine action by the use of Ergot.

3d. Was the failure dependent on the distention of the organ, from the anæsthesia, or from opiates given during the labor?

4th. The protracted insomnia and incessant volubility, which resisted every means resorted to to overcome it.

## SELECTIONS

*Stricture of the Œsophagus.* Read before the Giles County Medical Association, April 1st, 1867. By DR. J. A. BOWERS, and requested for publication by the Society.

On the 27th of December, 1865, I was requested to see Miss L. M., aged 20 years. I found her in bed, extremely emaciated—pulse quick and feeble—bowels constipated, and mentally much depressed.

According to her own statement and that of her family, she enjoyed perfect health until the 15th of April previous, at which time she swallowed through mistake, one or two fluid ounces of strong lye. The fluid was immediately ejected, followed by severe pain and inflammation of the fauces, œsophagus and stomach, which raged for several days, notwithstanding the active antiphlogistics resorted to by her attending physician. From the date of the injury to the time I first saw her, which was a little more than seven months, she was unable to swallow solid food of any kind, and so great was the difficulty in deglutition, she was compelled to take an ordinary glassful of water in several distinct portions. Her diet consisted of milk and thin soup, requiring about three hours at each regular meal to pass a sufficient quantity to sustain life.

As I was not prepared on my first visit to make a thorough examination of the œsophagus, and feeling convinced that I had organic stricture to contend with, I prescribed Calomel grs. iii, to be taken every three hours until slight ptyalism was produced. As a nourishment, I recommended enemata of milk and beef tea.

I called again on the 28th and found my patient in the same condition as on the day previous. Being now armed with gum catheters of various sizes, I determined to explore the œsophagus and learn the true nature of the case. Placing my patient in a chair, with her head resting on my breast so as to bring the mouth on a line with the fauces, I attempted to pass gum catheter No 10, but it met with firm

resistance at a point about eight inches from the incisor teeth, and would go no further—at least with such force as I thought it prudent to employ. I then introduced and passed Nos. 6 and 8, the latter, however, not without some force.

Three days later, I passed Nos. 10 and 12 with very slight force—the patient by this time being, to some extent, under the influence of mercury. I continued to pass bougie No. 12 every third day, gradually enlarging the instrument with wax, until the stricture was entirely overcome, which was accomplished within six weeks of the first operation.

As I could not yet discover any improvement in the case so far as deglutition was concerned, I concluded there must be one or more strictures beyond the reach of the gum bougie. I accordingly procured the red mulberry root of proper size, and length sufficient to reach the stomach; and being rendered perfectly smooth by a coat of wax, I attempted to pass it to the stomach, but it was arrested at a point about three inches from the cardiac orifice. Avoiding, as I did in the first stricture, undue force on the instrument, I pressed on it sufficiently to ascertain the extent and resistance of the stricture, and size of the orifice, which was plainly impressed upon the instrument, thus enabling me to determine the size of instrument necessary to be employed with benefit.

On the following day I employed mulberry bougie size of No. 12 gum bougie, though not without force and some pain to the patient, the stricture being firm and cartilaginous.

I continued my operations every four days for two weeks—then every third day, and finally every day, gradually increasing the size of the bougie with wax until every vestige of the stricture was obliterated, and the patient enabled to swallow any kind of diet with ease.

Mercury was freely used in this case, and ptyalism persisted in during the first eight weeks of treatment. Five months from the date of my first visit she was discharged cured.

My experience in this case has led me to the opinion that many organic strictures of the oesophagus, which at first appear incurable, will be found to yield to careful and protracted dilatation by the bougie—without the use of caustic as recommended by authors on the subject. The use of the bougie is in no way dangerous, if due care be taken—and I

found the patient's objections to the instrument of short duration.

During the treatment, I found dilatation to occur very gradually; and frequently there appeared to be a re-contraction, which rendered it necessary to return to a smaller size of instrument.

At the date of the injury my patient weighed 180 pounds—seven months subsequent, at which time I first saw her, she weighed 105 pounds—she now weighs 182 pounds, and is apparently in the enjoyment of perfect health.—*Nashville Journal of Medicine & Surgery.*

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*Papers on Skin Diseases.* By TILBURY FOX, M. D., M. R. C. P., Physician to St. John's Hospital for Skin Diseases.

**ON ITCH.**—Scabies has undoubtedly been very prevalent amongst us during the last few years; and this has been regarded as a consequence in part of the Crimean war, and in part of the constant non-recognition of the disease and an increase of the over-crowded state of the population. The Americans are experiencing a similar state of things—as a result, they suppose of the late war. Many cases that I see have evidently obtained the disease from ships on their voyage from distant parts of this country. I venture to sketch Scabies from a diagnostic point of view, as the determination of what is and what is not Itch is often difficult.

The effect of the burrowing of the acarus, which is the essential cause of Scabies, is to set up more or less local irritation, according to the state of the patient's nutrition. On a healthy and clean skin no great amount of mischief follows; the acari, however, delight in dirt, and run riot, as it were, on unwholesome surfaces. In the first degree there may be simply those conditions which only necessarily accompany and constitute the mere burrowing of the acarus. The patient complains of itching having all the characters of that of Scabies; but a diagnosis of *pruritus* is erroneously made. The little furrows are unaccompanied by redness,

and so delicate that they are overlooked. These cases are rare. The only way in which the papules can be fairly seen is by a side glance with the eye on the level of the skin; they are fine, delicate, slightly elevated, transparent, and contain acari. The suspicious symptom is the itching at night.

Under ordinary circumstances the acarus sets up effusive inflammation, which may reach the stage of papulation or vesiculation or pustulation, the furrow running away, as it were, from the vesicles, which are peculiar, in so far as they are isolated and acuminate.

So, then, there are degrees of Scabies: There is the mere burrowing (the essence of the disease), and certain secondary changes which entirely depend upon the state of the patient's health. Scabies in a filthy pilgrim is very different from that in a clean European; and the Scabies of the upper classes is different from that observed in the ill-fed and badly hygiened of our own people, as represented by the degrees we have spoken of. This fact wants more recognition. It is clear, then, that the amount of eruption depends less upon the number of acari than the state of health, though in sensitive skins a few acari may set up a good deal of erythema and urtication.

In *chronic* Scabies we notice, clinically, two important facts:

1. That the seat of the eruption may shift itself—at one time the hands, perhaps, may be comparatively well, and then a fresh outcrop of vesicles and papules occur.

2. The eruption may vary in intensity: it may diminish in severity, and again become exaggerated according to the hygienic conditions surrounding the patient or the state of his health. In the chronic cases we shall find the remains of the furrows occasionally as rugged lines formed by the shrivelled and broken walls of the furrows. This is very diagnostic of Scabies (chronic).

The acari prefer certain localities to be mentioned directly. There are also spots to which they are frequently specially conveyed, by the child's hand, for instance, to the mamma, by the hand to the penis, the nurse's arms to the buttocks of the child. On the face it seldom occurs in consequence of the influence of the external cold, but in children there are exceptions. In children it is often absent from the hands; beginning about the buttocks, it is seen about the feet especially, and often over the stomach and the well-covered and therefore

warm back; when on the face it is occasionally accompanied by sympathetic eczema about the scalp. It is said by some that the acari are only found about the hands, and that the eruptions about the body is entirely sympathetic. Hebra thinks much of the eruption is caused by scratching. No doubt much of the eruption is sympathetic; and although acari are to be found in largest proportion about the hands, yet they are often entirely absent there in the child, and can be detected over other parts of the body.

The following are the diagnostic points of Scabies, but the only really conclusive proof of its existence is the discovery of the furrow and its acarus.

1. Absence of febrile disturbance.
2. Absence of rash from the face and head (this is the rule); its absence from the posterior surface of the arm or body.
3. The seat of the eruption: where the cuticle is thin—as for instance, the interdigital spaces, the anterior surface of the forearm, front of the body below the nipple-level, about the mamma of women, along the front of the penis in men; in the seats of pressure—as for instance, about the groin when trusses are worn, over the ischia, and about the inner line of the wrist, forming a simicircle; in children—the buttocks, the feet, especially the inner line of the sole of the foot, and the palmer surface of the hands.
4. The isolation of the vesicles, and their pointed shape.
5. The *multiformity* of the eruption—namely, the intermingling of papules, vesicles, pustules, scabs, and even small ulcers.
6. The itching at night, and the peculiar linear scratches made with the nails and fringed with dried blood.
7. The cuniculus or furrow—in pustular Scabies few.
8. The evidence of contagion, or the existence of the same sort of disease in one house or family.

It is in children that the greatest mistakes are made, simply from the want of knowing that Scabies does not prefer their hands and arms, but their feet and their buttocks.

With what diseases may Scabies be confounded?

*Lichen*.—But in Lichen the eruption is *uniform*. There are no vesicles or pustules. Lichen occurs on the outer aspect of the forearm. The skin generally is dry, thickened and discolored. And though the back of the hands are sometimes attacked, the interdigital spaces do not suffer.—

The itching is different. There are no cuniculi; no acari of course. It does not occur about the seats of pressure especially. There are no rhagades produced by scratching; and the rash is seen frequently about the face, and often over the back.

*Prurigo*.—In very many cases of Scabies the papules become pruriginous, but not to such a marked degree as in prurigo; and this is only in Scabies a feature superadded. The prurigo of Scabies is seated about the belly and the anterior surface of the forearm; whilst in true prurigo the papules are scattered over the outer aspect of the limbs, over the back, above the level of the nipple line, around the neck, in greatest profusion; and about the legs. Moreover, there are no vesicles, though in old standing cases ecthymatous pustules may be developed. But here the origin from Prurigo, and not Scabies, is traceable. Then the skin in Prurigo is unhealthy, the areas of skin enclosed by the natural furrows are exaggerated, and a condition of "urtication" results—often times well seen on the back. Pediculi are often present; and the sensation is not itching so much as formication and burning.

*Strophulus (or Lichen) Pruriginous*.—This is simply Lichen occurring in ill-fed and strumous children, and in consequence the papules are covered at their apices with little points of coagulated blood. This disease lacks altogether the features of Scabies as regards the acarus and its furrow, and the multiform aspect of the secondary eruption; and it is made worse by the use of sulphur ointment.

*Eczema*.—This differs entirely from Scabies, in that it is essentially an oozing disease, in which the vesicles are agglomerated (and not isolated and acuminate), forming a patch of greater or less extent; the absence of furrows, &c., of the peculiar itching, of a multiformity in the eruption.

*Sulphur Rash*.—One of the commonest errors is to mistake the artificial rash set up by the use of that villanous compound—the compound sulphur ointment of the old Pharmacopœa—for a continuance and increase of the disease; this has been referred to in a former paper.

*Impetigo Contagiosa*, which I propose to describe at another time especially, mostly begins about the face and head, and is transported hither and thither by the fingers in scratching. It looks like ecthymatous Scabies, but it is not commonly interdigital; the eruption is uniform, commencing



as isolated vesicles that quickly enlarge into bullæ, with a depressed centre surrounded by a raised collar of blebbed epidermis, the whole being replaced by a light-yellow, flat scab, that looks as if "stuck on" to the part. There are no papules, no furrows, no scratches; it is not interdigital, but attacks the outer aspect of the limbs equally with the inner, the buttock, however, in children and frequently the knees and the feet; the ends of the fingers rather than the palm and interdigits, and this condition is almost always accompanied by eruption on the head and face. Except just at the outset, there is no special itching at night or day either. It is contagious and often epidemic.

*Complicated Scabies.*—Almost any other eruption may commingle with that of Itch. This is very important to bear forcibly in mind; the more we recognize the fact the more likely are we to prevent ourselves being puzzled. We must manage to recognize the co-assemblage of symptoms. Secondary Syphilodermata and Scabies are frequently co-existent. Eczema is very often associated as a sequence, and ought not to offer any difficulty. Scabies in children and congenital syphilis are not unusual. Lichen is sometimes set up and kept a-going by a few acari. *Most cases of lichen urticatus* are dependent upon Scabies. Again, purpura and impetigo contagiosa may be associated with Scabies, the latter frequently. In all these cases we generally have (1) a history of Scabies at the outset; (2) multiformity of eruption, and of course intermingling of the characters of the two co-existent diseases; (3) the appearance of contagion given to what we hold to be non-contagious disease. For example, a child may seem to catch Lichen from another who perhaps we know has Scabies; the truth being that a few acari have been transplanted, and produced Lichen to such an extent as to have masked the primary mischief, which is only slightly expressed. It is a most excellent rule—one that I adopt myself—to search for Scabies in all cases in which eruptive disease is extensive, and accompanied by much itching at night, especially if it possesses multiformity as one of its features.

*Treatment.*—Scabies never gets well spontaneously. We must treat, 1st, the Scabies itself, killing the acari and their ova; 2nd, the secondary effects; and 3d, the complications. In all cases, *to all papules and vesicles*, the following should be applied: Sulphur, half a drachm; Ammoniated Chloride of Mercury, four grains; Creasote, four drops; Oil of

Camomile, ten drops; and an ounce of lard. This is rubbed in night and morning; the same shirt kept on till the fourth day, when it is changed, and a warm bath given; the ointment to be freely rubbed into the wrists and interdigits specially. In Complicated Scabies, we should treat the Scabies always scrupulously seeking out every suspicious papule, and engraft upon this the plan best suited to the complicating eruption, whatever it may be. We should always remember that in complicated Scabies a small amount of scabies may exist with a good deal of eruption. When the Scabies itself is well, in severe cases a certain period must necessarily elapse before the secondary eruptions can be cured. The process of repair takes time. So we must not persist in the sulphur treatment till all eruption has subsided, in cases of severity. We judge of the cure of Scabies by the itching and by the presence of the vesicles and papules. If we push our sulphur treatment too far, we may produce the state already described as so often mistaken for a continuance and increase of the disease; for this reason the ointment containing the hellebore should not be used.—*London Lancet.*

## EDITORIAL AND MISCELLANEOUS.

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### CAUSATION OF FEVER.

Malarial Fever, its cause and nature, are themes upon which much time and labor have been expended; and now, discussions are rife as at any time heretofore.

We would not be understood as entertaining the idea that no advancement has been made—no facts established—but that other mooted questions are yet to be settled.

Below, we give extracts of a discussion between the physicians of Macon, Ga., on this subject, as connected with forest growth. The question arose from the proposition to clear up and bring into cultivation some low lands—a public reserve—lying contiguous to the city, and to which is attributed the immense amount of malarial fever found amongst the citizens in a portion of the town.

We first make extracts from an argument by Dr. D. W. Hammond, before the Medical Society of Macon; and then draw upon an article from the pen of Dr. J. Emmett Blackshear, on the opposite side of the question:

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“I will here frankly admit, that the first medical men of the age, and our most learned authors from time immemorial, have always maintained that it was absolutely necessary to preserve the forest growth intact, in order to secure the citizens from malaria or ague poison. Ah! this is very strange. In all places thus environed and protected in Europe and America, in fact all over the habitable globe, *chills and fevers prevail from year to year*. How is this? These tall and majestic oaks stretch out their strong arms in every

direction to protect us. The jungle constructs a thick network near the surface of the earth for the same purpose, yet Malaria creeps through the interstices, and our defenceless women and children, yea, our strong men also, shake from head to foot with chills, in the immediate vicinity of these barriers, placed there by our forefathers for our protection. It does appear to me that this supposed barrier—this forest growth—causes rather than prevents chills and fevers. I therefore join issue with the learned sages, who hold a different opinion. I say they are all wrong. We always should judge a tree by its fruit. When we place a sentinel to guard us against marauders and enemies, if he fall asleep at his post, or is not vigilant, and thereby the enemy be admitted, what ought to be done? Why he should be removed of course. And this brings us directly to the subject under discussion.

The inhabitants in the South-eastern part of the city have chills and fever every year; and often winter and summer, notwithstanding the forest growth and jungle which have been preserved by our wisacres to shield them. But they have not been efficient—have not been vigilant. They have slept upon their posts. Chills have crept into the city by them. Our peaceful citizens have been disturbed and distressed year by year. They are no protection, but a nuisance, and ought to be entirely eradicated.

“Mr Chairman, this is an age of progress, and every man has a right to think for himself. We should never do wrong because our ancestors did wrong. We must analyze and investigate for ourselves; must have opinions of our own, and dare to express and vindicate them. The old books with their foolish dogmas to the contrary notwithstanding. Why sit, we were taught by the old books to bleed a patient with Pneumonia and Billious Fever three times a day in some instances. They were suffered to swallow Calomel *ad libitum*. The physician that would pursue such a practice now, would be considered a humbug or a mad-man. When we were

called to a man with fever, if he was vomiting bile we generally gave him a dose of Tart. Emet. to eject it faster—that is, to assist nature—the *vis medicatrix naturæ*. If he were purging off billious matter, we gave him 20 grains Calomel, and about 40 grains Jalap, in a half teacupful of molasses, to be repeated *pro re nata*. This was given to clean out the primæ viæ, and to thoroughly emulge the hæpatic apparatus. If the patient happened to die, we had the consolation of knowing that we treated the case heroically and energetically, in technical language—methodically and secundum artem. I have long since quit this foolishness. I have been rebellious for many years past.

“My father always planted his potatoes in hilla. I have long since ascertained from observation and experience that they will do just as well, if not better, in ridges. I am sorry I have so little veneration for ancient opinions and notions.

“I have asserted that this forest growth and jungle instead of protecting us from fever, is really and *ipso facto* the cause of the evil; and will now proceed to the best of my feeble ability to prove it. I maintain that wherever fevers prevail, three things, or elements, must coëxist, viz: 1st, Heat; 2d, Moisture, or water; and 3d, Vegetable matters.

“These elements must exist in combination, and under particular circumstances, to generate malaria or fevers. Neither one of them, nor two combined, will eliminate malaria. Pure water when acted on by heat is harmless. Dry vegetable matters, exposed to the sun’s rays, evolve no mephitic gas. Green vegetable matter, exposed to the sun, is also harmless. And green vegetable matter exposed to the sun, if immersed in water, is innoxious, provided the water is cold, or in a high latitude. But these three elements, under favorable circumstances, create a pestilential gas, or something (call it what you please) which will produce febrile diseases.

“The more clearly we investigate the subject, the more extensively we make our observation, the more certainly we

shall find this doctrine rests on the strong foundation of truth. The great difficulty in this matter arises from our losing sight of the etiology of malarial fevers, and by not studying the medical topography of the locations of autumnal as well as equatorial epidemics, and the variations of the weather, and the temperature, preceding and during their presence, as well as the nature of the country surrounding or adjacent to these annual fevers.

“Wherever fever prevails to any extent, it is during the summer and autumnal months, and is more extensive during, or shortly after the rainy season; and in those places surrounded by extensive marshes, and covered by forest growth and jungle, and aquatic plants. Dr. Johnson says in Benin, new and old Calabar, fevers prevail throughout the year, and these places are surrounded by dense woodlands and marshes. All other cities similarly situated in Africa, Europe, and in America, have been the graves of unnumbered thousands of the human race. The city of Rome has been scourged with intermittent and remittent fevers for hundreds of years. And every medical man of any intelligence knows that it is surrounded by the Campania De Roma, which is thickly set with forest growth and impenetrable jungle. Dr. Johnson, who has written the ablest work ever published on tropical climates, and the diseases incident thereto, observes ‘that in so luxuriant a climate as Bengal, and so fertile alluvion as the Delta of the Ganges, we may well suppose that every spot—almost every particle of matter—teems with animal and vegetable life.’”

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“The author goes on to show, that it is during this dissolution of animal and vegetable matter preparatory to new combinations and successive reproduction, that a certain inexplicable something is extricated which operates with such powerful and baleful influence on the functions of the human system. This exhalation—this malaria—is capable of concentration, or rather accumulation; for when it is de-

tained amid woods and jungles, (the forest growth) in such localities, especially during the rainy and hot seasons, and no regular breezes dissipate it, and when the beams of the sun are obscured except at intervals by dense clouds and shade, it, the ague poison becomes exceedingly powerful and destructive to life. When the rains subside, and the sun pours his heating rays upon these accumulated exhalations that have been caught and detained in the leaves of the trees, and the winds rise, this poison is wafted and diffused over towns and cities, causing disease and death. One other quotation from Dr. Johnson's book, in reference to the Batavian epidemic which occurred in the year 1800. 'There are two small islands near this place, viz, Onrust and Edom; Onrust is about three miles from the mainland of Java; Edom is situated nine miles from the shore, out at sea.' A circumstance that the Doctor thought must insure its salubrity. I will now glance at the medical topography of these two islands. Onrust is a small island near the main land, (mark what he says) 'well cleared of trees, underwood and jungle. A part of this island is daily covered twice by the tides.' The English squadron were placed here when sick, as there was comparatively but few cases of intermittent fever, and those cases of a mild type (mark this).

"The island of Edom, on the other hand, nine miles from the Batavian exhalations, is covered with trees, long grass and jungle.' The surgeon of the squadron, in consequence of the soldiers being subject to chills occasionally and too of a mild type at Onrust, removed them to Edom, supposing it would be more healthy, being covered thickly with trees and timber. The Doctor goes on to remark: 'The loss of seamen I have not been able to ascertain,' but he says, 'almost the whole of the sick that were removed from Onrust, the cleared island, to Edom, the wooded island, perished, in consequence of the poisonous malaria—in a concentrated form, which was contained and issued from the trees by which they were surrounded.' I could go on and show many other instances

where the crew suffered from fevers under like circumstances. And so of every other country where chills and fevers prevail, you will find that they are surrounded by, or in near proximity to the cause of the evil—forest growth and jungle—and that these epidemics prevail during the hot months and after the rainy seasons.

Having premised the foregoing remarks as a foundation, I shall proceed to apply them to the subject under consideration. Suffer me to advert to the two islands just spoken of, Onrust and Edom. Why was Onrust more salubrious than Edom? and too when situated more unfavorably for health, being only three miles from the Batavian or coast exhalations. Simply because it has been denuded of its vegetation. The forest growth had been felled and removed from time to time by seamen for wood.

“When the winds from Batavia freighted with pestilential effluvia swept over it, there were no trees heavily set with foliage to catch and accumulate this poison. It was dissipated in the air and absorbed by water. And in consequence of the island being cleared and to some extent cultivated, there was but little cause of disease.

“No vegetable matter to be decomposed by the heat of the sun. This island it will be remembered was covered to a great extent twice a day by the tides. Plenty of moisture and a burning sun, but no vegetable matter to be decomposed. And forsooth Onrust was delivered from the plague. Does not this apply to the South-eastern part of the city of Macon, and the forest growth in the reserve. Let us proceed a little farther. How was it with Edom? This island was farther out at sea, removed further from the pestiferous shores of Batavia. Not so much irrigated by tide water as the former. But her dense forest growth caught every breath of malaria from the coast.

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“Dr. J. M. Johnson, one of the editors of the Atlanta Medical and Surgical Journal, has written a very able article



on the subject in the March number of that Journal. The following remarks are, in the main, quotations from that valuable communication. He says in every country where the arts and sciences have been developed and cultivated, discriptions of criptogamic plants abound showing their diffusion to be paripassu with the universe. Their poisonous properties and their peculiar seasons of growth—the minuteness of their sprout, their love of darkness and tainted soils, and heavy atmospheres, are, according to Dr. Mitchell, proverbial.

“Dr. Mitchell says, ‘The mushroom (fungi) is generally distant from the plants and animals—mere fortuitous developments of vegeto-animal matter. Of all vegetables they are the most highly animatised. The criptogamic family of plants have no organs of generation and propagate their species by spores.’ They embrace the litchens, mushrooms, and algæ. They vary in size, from a mere point, requiring the aid of the microscope to more than 30 pounds weight. Their increase is magical. From a single spore, on the authority of Dr. Carpenter, the physiologist, they may grow in a night to the size of a large gourd, and are estimated to contain four thousand five hundred millions of cells. The spore is the reproductive element (or palmella as it is sometimes called), and many times smaller than the cells. But both are so small as to require a microscope of great power to see them: Dr. Saulsbury has given them the name of earth miasma, from their minuteness.

“The palmella, or poisonous criptogam, is the variety to which your attention is more specially directed. *It abounds in bogs and low, damp, shady places:* its generic name is algæ—vulgarly known as green moss, and generally seen in still stagnant water (algæ confervia), etc. It is so minute as to be absorbed by the skin—taken into the stomach by the saliva—and into the lungs by respiration. There is one fact I will mention in regard to this morbid agent. It is innoxious *when wet*, but only active during the process of *dessi-*

cation when dried by the sun. In this state it is exhaled into the atmosphere—Dr. Saulsberry says it rises from 85 to 100 ft. It is exhaled at night and settles to the ground during the day. Hence the insalubrity of night air has been proverbial in all latitudes. It grows at night only ; it may be seen in abundance in the morning, but it all passess away before evening—it cannot stand sunlight. It is of various colors ; red, white, green and lead-color. The white which we often see on wood, grass and leather, is said to be of the *palmella* type. I must let this notice of the criptogramic theory suffice, and will now endeavor to show that this theory sustains my position, beyond the shadow of a doubt. These criptogams are only seen in low, damp, shady places—only rise a certain distance above the surface. That above the summit plain of the cool night exhalations these bodies do not rise, and *intermittents do not extend*. That the day air of malarial districts are quite free from these *palmalloid spores*, and the causes that produce intermittents. Wherever the *palmella* grows to any extent, you will find intermittent fever. Beyond the *palmella* line it is rarely seen.

“North of Lancaster, near a rich prairie and near an old canal, the people are universally subject to chills, and the *palmella* grows there luxuriantly every year. In short, in all places where the criptogams flourish, the inhabitants are subject to chills and fever.”

The following extracts are from an article by Dr. J. Emmett Blackshear, of Macon, Ga., on the subject under discussion among the physicians of that city :

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“But it is generally conceded that the great amount of sickness that annually prevails in the Southern and South-western portions of the city, during the months of summer and autumn, is caused by malaria generated in the low lands of the City Reserve. How is this evil to be remedied ? I answer, not by destroying the beautiful trees planted there, for wise and beneficent purposes, by the hand of the Crea-

tor. In the name of humanity I charge you not "to cut down the forest growth entirely," &c., as my worthy friend advises; for if you do, the city of Macon will be scourged with a pestilence rivaling in horror that which desolated in former times, the proud metropolis of our mother country.

"Onrust, the island devoid of vegetation, of which he speaks in connection with Edom which was 'covered with trees, long grass and jungle,' is by no means a parallel case. I admit that if the City Reserve was cleared up and placed in cultivation, the inhabitants of that portion of the city above mentioned, would *eventually* become less subject to fevers, but woe be unto them during the transition, *as proposed*, from forest to field, and for some time thereafter. When the scorching rays of the summer sun falls upon the unprotected vegetable matter that has been long accumulating upon the moist earth, it will then be seen whether or not these forest trees have been 'unfaithful sentinels.' Aye, it will be found when too late, that the proper course would have been not to execute these sentinels as traitors, but to remove every obstacle to the execution of their duty. Yes, remove the jungle, and drain the lands. This much I would earnestly advise. If the evil is not thus remedied, it will not be remedied by the destruction of those proud old trees, whose outspread branches have for ages sported with the swift-winged winds, bidding defiance to the tempest and the storm. At all events, try it first; if it fails, go no further; for rest assured that by so doing the evil will be augmented. If it succeeds, then, *in due time*, cut down if you will, these old inhabitants of the forest, as you would desert in his old age, a faithful servant who had served you long and well, simply because he could be of no further use.

"I might cite instances innumerable to prove the correctness of my position, but I deem it unnecessary, for there will be but few, I opine, who will read this article without being reminded of cases where evils, such as I would avert, have been produced by the incautious destruction of forest

growth. The Doctor admits "that the first medical men of the age, and our most learned authors from time immemorial, have always maintained that it was absolutely necessary to preserve the forest growth intact, in order to secure the citizens from malaria or ague poison." If such is the opinion formed from careful observation, by the most learned men of the profession in all ages, let us not hastily abandon it for a new one, based as I earnestly believe, upon an erroneous hypothesis. Let the experiment be at least made in some locality where there are not so many lives at stake; and when tried, my word for it, it will be found, as it has in every instance on record, that the evil would be augmented rather than abated."

"The Doctor very correctly says "that when fevers prevail, three things or elements must co-exist, viz: 1st, Heat, 2d, Moisture or Water; and 3d, Vegetable matter. Neither one of them," he says, "nor two combined, will eliminate malaria." Then according to his own theory, there can be no necessity for destroying the trees. Remove the moisture by ditching and drainage, and he tells you that no malaria can be generated.

He admits "that many instances can be cited where the forest growth has been removed, especially if done in the summer months, and the neighborhood has become sickly afterwards. But you must recollect," he says, 'that this state of things only lasts for one or two seasons, and better endure this for a short time than endure it forever.'

"Now if the desired object can be accomplished without subjecting the vicinity to this awful scourge—as I maintain it can by simply draining the land—would we be excusable for running the risk, simply to put a few dollars in the city treasury?"

\* \* \* \* \*

We regret that our space will not allow the insertion of the entire articles of the gentlemen engaged in this discussion; but as we have selected that which embodies the main

arguments upon the purely scientific question, we hope no injustice will be done either party by the extracts. Both the gentlemen are our intimate, personal friends, and we labor only to promote the cause of science.

From the discussion we have not sufficient data to form an opinion as to the correctness of conclusions on the scientific question involved. It is not definitely stated whether the "forest growth" is confined to the marshy land, or, to any extent, intervenes between the bog and the city. Upon this we think rests the whole question of propriety in removing the growth.

It is known that *malaria*—whether in the form of algoid spores, it is not our purpose now to discuss—is generated in stagnant pools and marshy low-land, when they receive the washings from the hills of fertile cultivated fields, or earth upturned otherwise, either directly upon them, or through an overflowing stream laden with the product of the newly disturbed soil. The production is likely to take place whether the stagnant pools are shaded with "jungles" and "forest growth," or open to the direct rays of the sun; provided, that warm dry weather succeeds such overflow or washing, so that the stagnant water gradually subsides, leaving the algæ, if you please, exposed to the air.

This *something*, thus generated, whether of cryptogamous or other origin, rises and is wafted by the breeze in a horizontal direction one or more miles, *if no obstruction be met with*. In its onward course, however, should walls or the dense foliage of a thickly set forest growth intercept, its poisonous effects are not certainly seen beyond. Continued rains, or very frequent overflows, prevent the development of this poisonous production, so long as they continue.

## EUROPEAN CORRESPONDENCE.

LONDON, SEPT. —, 1867.

*Atlanta Medical and Surgical Journal :*

Before leaving Dublin, I had hoped to be able to send you some notes, hastily taken while visiting the medical schools and hospitals there, but my stay was cut shorter than I originally intended in order to remain longer in London. Just now in both these places there is a recess in the schools of medicine—the regular course commencing on the 1st of October.

However, at Dublin I had the pleasure of meeting Dr. Smith, Prof. of *Materia Medica*, in the medical department of Trinity College, who was kind enough to fix a day and take me around to examine the College buildings, Library, Museum and Laboratory. With the latter I was much pleased. It is a *very* long room, with a counter in the middle, running the whole length, upon both sides of which are stalls, or little apartments, fitted up with gas, water and reagents in each, for the use of the class. Upon inquiry, I found that in addition to the lectures usually delivered on chemistry, each student is compelled to devote a certain part of his time—three months of each course—to the study of practical chemistry in the laboratory. For instance, the Professor gives the student a salt for analysis, and he takes it to the little apartment fitted up for him and makes the analysis. Now it will not take much effort to see the great advantage to be gained by this course of instruction over the one usually pursued. Chemistry is a branch which students are apt to slight and trust to “cramming” and “grinding” (to use a College phrase common among them), just before examination. But when it is taught after this manner, they not only know the benefit of the lectures, but

are compelled to have some practical knowledge of science also.

A similar provision has been made for the study of practical Chemistry in one of the schools here, but as yet it is optional with the student to take advantage of it.

The Museum of Materia Medica, almost entirely collected by Prof. Smith, contains specimens of all the drugs and preparations in ordinary use. The principal feature deserving notice in this collection is their classification and arrangement for study. They are put up in glass jars as usual, and so arranged that in one case are all the specimens of animal origin; in the second those of vegetable origin, commencing with the seeds, fruits, flower, bark and root; and in the third are those obtained from the mineral kingdom.

The simplicity and usefulness of such arrangement will be appreciated at a glance. Here the students are required to study and familiarize themselves with the appearance, taste, etc., of the different drugs. Here too, as in chemistry, it is easy to understand the advantage to be gained. For nothing is better understood than the fact that in a practical branch, one demonstration—one thorough ocular examination—is worth a dozen descriptions.

In visiting the Hospitals in London, one is struck at a glance, with the frightful number of patients suffering from Phthisis. As Intermittent Fever is *the* affection of a malarial district of country in America, so it seems that Phthisis is *the* disease, at least of that portion of the population here, who are compelled, through poverty, to seek an asylum in the Hospitals during their illness.

One of the symptoms of Typhoid Fever, which Watson dwells on in his work, viz.: the *numerous* rose colored spots, I have met with here. It is true, we see them occasionally scattered on the bodies of our patients in America, but here they are to be seen in much greater numbers.

As yet I have met with but little outside of the usual run of cases at this season of the year of especial interest. For

the last few days as the weather has grown colder, there has been a perceptible increase in the number of cases of Rheumatism and Pneumonia.

W. S. ARMSTRONG.

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## BIBLIOGRAPHICAL.

### *Catalogue of the United States Army Medical Museum—*

Prepared under the direction of the Surgeon General,  
U. S. Army.

The above quarto volume of 960 pages was sent us from the Surgeon General's office. It is arranged regularly in Surgical, Medical and Microscopical Sections.

This work, as the title implies, is merely a systematically arranged catalogue of the Army Medical Museum, giving the character and number of specimens in each section of the Medical Museum at Washington.

The chief features of the book consist in the description, and, in some instances, plates of interesting pathological and microscopical specimens. It is of no very great practical importance to physicians, but will please the curious.

### *Circular No. 7.—A Report on Amputations at the Hip-joint, in Military Surgery.* By GEO. A. OTIS, Assistant Surgeon and Brevet Lieut. Colonel, U. S. Army.

This is a statistical account of all the cases in which this operation was performed, in the Confederate and United States Armies, that have been reported to the War Department at Washington, and will be found interesting to the reader.



*Studies in Pathology and Therapeutics.* By SAMUEL DICKSON, M. D., L. L. D., Professor of Practice of Physic, in Jefferson Medical College, &c., &c.

This little volume of 200 pages, from the Publishing House of Wm. Wood & Co., New York, was furnished us by the publishers.

The author, in his remarks on disease—its character and tendency—says that which should be read and understood by every practitioner of medicine. Without correct views on this subject we cannot prescribe rationally, and yet its study is lamentably neglected by the busy practitioner.

The twenty-five pages devoted to therapeutics are of themselves worth the price of the book. Prof. Dickson is not swerved from a rational course in the treatment of disease, by hypothetical innovations on practical and substantial truths.

*On the Action of Medicines in the System.* By FREDERICK WILLIAM HEADLAND, M. D., B. A., F. L. S., Fellow of the Royal College of Physicians, &c.

The above work of 480 pages was forwarded us by the publishers, Lindsay & Blakiston, Philadelphia.

While we differ with the author on many points connected with the action of remedies, we must accord to him a degree of thoroughness of investigation, to which few writers have attained. We have been profited and pleased in its perusal. Its popularity may be inferred from its having reached the fifth American, from the fourth London edition—revised and enlarged.

*Chemistry.* By WILLIAM THOMAS BRANDE, D. C. L., &c. &c., and ALFRED SWAINE TAYLOR, M. D., &c. &c.—Second American Edition; thoroughly revised. HENRY C. LEA, publisher—Philadelphia, 1867.

This work doubtless comes up to the times, and as ad-

vancement in the science of chemistry is constantly being made, it becomes the interest of the student to consult recently revised works.

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### *A Quack in an "Abject Condition."*

In London a quack doctor has been in the habit of sending indecent pamphlets to respectable people. In one instance, however, he got his deserts, as shown by this communication in the *Pall Mall Gazette*: "Sir—I have been frequently annoyed by receiving Dr. Jordan's productions. Last night, during dinner, one arrived. Thinking that it was a tradesman's advertisement, I was on the point of giving it to a young lady who was sitting next to me, when the name of 'Jordan' caught my eye. This morning I paid the Doctor a visit, at 29 George Street, Hanover Square. I remained with him for a few minutes, and left him apparently suffering from "nervous exhaustion." I recommend other men who are annoyed by his abominations to pay him a visit after the receipt of the next pamphlet, and leave him in the same abject condition."

Liebig's Artificial Milk is in imitation, as close as chemistry can make, of the natural food of the human infant. It is prepared as follows: Half an ounce of wheat flour is boiled to a paste in five ounces of skimmed milk. To this is added immediately a mixture of one-half ounce of bruised malt, one ounce of water and three grammes of a solution of two parts of bi-carbonate of potassa in eleven parts of water. The whole is then kept warm by standing within an envelope of tepid water until it is no longer pastry, but of a creamy consistence. After fifteen or twenty minutes it is put on a fire for a few seconds only, and then strained through a hair sieve. It should be allowed to stand long enough to deposit some fibrous matter before it is given to the child or invalid.—*Phil. Med. Reporter*.

*Heat as a Resuscitation Agent.*—Dr. J. G. Richardson, in the *Am. Jour.*, urges from his observation and experiments the importance of direct Heat as an agent in the restoration of still-born infants, in cases of asphyxia from drowning, hanging, or the inhalation of noxious gases, especially the vapor of Chloroform. He advises not merely *warming* the surface but artificially warming the blood within the limbs of the persons apparently dead, and then propelling by frictions toward the heart as rapidly as possible. The heart's pulsations in many instances really take place, feebly, for a considerable time after being undiscoverable by external observation. The heat should approximate *roasting* as nearly as may be without positive destruction of the tissues. Mere vesication he thinks ought not to be considered more than a minor evil in comparison with the cessation of life.—*Chicago Med. Examiner.*

### *Extraordinary Fecundity.*

Dr. Becker-Lawrich de Ronneburg communicates to the Society of "Gynecologie," under the title of extraordinary fecundity, the history of a woman married twelve years, and now pregnant for the nineteenth time. At the outset, she was confined at the full term; then she aborted nine times in succession at four months \* \* \* was delivered subsequently at eight months; and after that aborted anew seven times in succession at the fourth month. At the present time she is again pregnant, but alleges that she feels the precursory symptoms of abortion, such as a sero-sanguinolent discharge, &c. With her numerous and fatiguing occupations, it is not probable that she will now go the full term. Nevertheless, in spite of the copious hæmorrhage which accompanies her miscarriages, and which have often endangered her life, she is fat and well nourished.—*L'Union Médicale.*

The prevalence of cholera among the troops on Governor's Island, New York Harbor, during the past summer, and at the West, in some localities where it prevailed last year, tends to confirm the opinion that the seeds of the disease may survive the winter in warm or temperate regions, unless disinfecting agents are employed most thoroughly for their extinction.

M. Nelaton has resigned his chair as Professor of Clinical Surgery. The reason assigned is, that, in addition to his previously immense practice, the recent death of Jopert de Lamballe and Velpeau, has put upon him a large amount of work. We have heard M. Nèlaton's professional income, from private practice, his positions as surgeon to the Emperor and professor agrégé, estimated at \$126,000 per annum. It is said that the anatomist, Sappéy, will succeed him in the clinical chair.—*Medical Gazette*.

Another prominent physician of Paris is dead, Dr. Bouley. He was not known as a writer but had considerable local celebrity for his attainments. The mortality among foreign scientific men during the year is remarkable. In London, Lawrence, Faraday and Bazire; in Paris, Jobert de Lamballe, Trousseau, Rayer, Velpeau Gibert, Follin, Chartroule and now Bouley.—*Ibid*.

#### *Copper for Cholera.*

Dr. V. Burq having observed in 1852 that about 200 persons working in and around a copper foundry were not attacked by cholera, even during the worst stages of the epidemic, made further inquiries, and found that all persons handling this metal, whom he met, enjoyed the same immunity. He therefore concluded to try the use of copper as a medicine for those attacked by cholera. He administered sulphate of copper internally, and applied metallic copper externally. It was asserted by some medical authorities that the plan was not successful, but a late communication to the French Academy, by Dr. Lisle, of the lunatic asylum at Marseilles, contains the statement that he had cured 20 out of 24 patients by administering sulphate of copper, even in smaller doses than those prescribed by Dr. Burq.

The Italian government has been the first to recognize by law the devotion and disinterestedness of the medical profession in their attendance upon cases of cholera. By a recent law the Chambers have provided that an annual pension of four hundred francs shall be paid to the widow, and a thousand francs to the children of any physician who dies from such exposure. The pension of the widow ceases if she marries again, and that of the children on attaining majority.—*Boston Med. and Surg. Jour.*

A New York religious newspaper says that the late Dr. James Jackson, of Boston, was "emphatically the poet and philosopher of the medical profession!"

Dr. J. Marion Sims has had conferred upon him by the King of Italy the Order of St. Maurice and Lazarus, and by the Queen of Spain he has been named Commander, of the first class, of the Order of Isabel la Catholique, as recognitions of the value of his late medical work.—*Boston Med. and Surg. Jour.*

*Population of France.*—At the close of the discussion in the French Academy, on the growth of the population, it seems conceded that while the population is increasing sensibly, the rate of population is gradually diminishing. In comparing the fact with the growth of population in neighboring countries, M. Guerin concludes that it involves a serious danger for France, calling for a remedy.—*Pacific Med. and Surg. Jour.*

*Caviale's Collection of Calculi.*—Not long before his death, Caviale exhibited to the French Academy, his collection of urinary calculi, from 2700 patients operated on by him during the 43 years of his professional career. In 1600 of the number he had performed his favorite operation of Lithotomy.—*Pacific Med. and Surg. Jour.*

*Croup Treated by Sulphur.*—M. Laganterie (*Half Yearly Abstract*) gives in Croup, teaspoonful doses, every hour, of a mixture of sulphur and water (a teaspoonful to a glass of water) with effects which he describes as wonderful. The cure, in seven very severe cases, was accomplished in two days, the only symptom remaining being a slight cough.—An observation of the effect of sulphur on the oidium of vines, led to its use in croup.—*Pacific Med. and Surg. Jour.*

*Lactate of Zinc in Epilepsy.*—Dr. Hart (*Chicago Med. Jour.*) has tried this remedy in combination with belladonna, on 240 patients in the Western Lunatic Asylum of Kentucky, all of whom had been affected with epilepsy from three to six years. An improvement took place in all, and in no case did he use it "without effectually controlling the paroxysm in from 24 to 48 hours." His formula was:  $\mathcal{R}$  Zinci lactatis, gr. xxx.; Ext. Belladonnæ, gr. viii. M. ft. pil. x. Sig. One before each meal.

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The next regular Course of Lectures in this Institution, will commence on the first Monday in May next, and continue until the last of the following August.

The Faculty, in making this Annual Announcement, are gratified in being able to state that the College building has undergone thorough repairs, and has been re-supplied with appliances for instruction in the various departments of the College. They congratulate themselves in being able, through a munificence timely bestowed, to make the necessary expenditures, and to place the Institution in a condition to afford the facilities for teaching, heretofore offered to the public, previous to the war. In every particular, the building has been restored to its former condition.

The Amphitheatre, so important to demonstrations in Anatomy, Surgery, and Obstetrics, and which was torn up during the war, has been substantially re-fitted, with a decided improvement in the form of construction.

In the Chemical Lecture-room, raised seats, affording perfect view of experiments, and other fixtures connected with the Laboratory, have been replaced; also, in this department, such apparatus, chemicals, etc., as are necessary to facilitate the study of Chemistry, have been supplied. In short, the College is furnished in every department with Apparatus, and all other appliances required in the Institution, for thorough instruction in the various branches connected with the study of Medicine.

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November—8m

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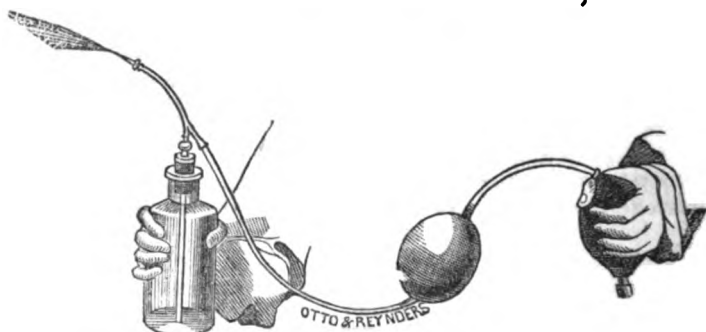
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Sept-4m



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ATLANTA

# Medical and Surgical Journal.

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NEW SERIES.

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VOL. VIII.

DECEMBER, 1867.

No. 10.

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## ORIGINAL COMMUNICATIONS.

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### ARTICLE I.

*Is Belladonna an Antidote to Opium?* By W. C. BEL-  
LAMY, Columbus, Georgia.

This is a question which has often been asked and answered both in the negative and the affirmative. It is, I believe, almost universally conceded that it is an antidote; but, being in itself such a deadly poison, its enemies claim that the danger in using it counterbalances whatever good effects that may arise from its use as an antidote. The writer of this article has happened to have quite an extended opportunity of forever setting at rest that point, at least, in his own mind. It has been his fortune, whether good or bad, to have met with perhaps more cases of poisoning than usually fall to the lot of the same amount of practice; and of several of the cases, he has made hasty sketches in his note book. In proof, therefore, of the decided value of Belladonna as an antidote to Opium, instead of any long-labored argument, he will proceed at once to give the history of several cases as taken from his note book. The first he

will mention will be the case of a woman, one of the "fancy" sort, who, for some real or imaginary wrong, sought to end her miserable existence by self-destruction. May 13th, at 11 o'clock, was called in haste to see Julia P——, who, they said, had taken laudanum, and was dying. On arrival, found she had swallowed two oz. laudanum about half an hour previously. She was perfectly insensible; suffering with the most violent convulsions, pupils very much contracted, raving, rolling, tossing, tearing her head, foaming at the mouth, groaning, grunting, screaming, striking at the bed and every one who approached her, trying to tear her flesh, and throwing herself about with such almost superhuman strength, that it required two stout women and a strong man to hold her on the bed. Her skin, however, felt natural, and her pulse almost so, being only a little excited above the normal standard. I ordered the attendants to gag her, she being too insensible to be managed otherwise, and made her swallow, immediately, about twenty grains of sulphate of zinc, and one or two of tartar emetic, in a little water. Waiting a few minutes, during which the convulsions continued and no emesis, I repeated the sulphate of zinc, after which, in a few minutes, she vomited freely. I discovered in the egesta a large quantity of laudanum, from the smell, and some whisky. She continued vomiting sometime. The convulsions would occasionally subside, but would return almost instantly; and, I think, she must have had at least two hundred convulsions before they ceased entirely. After she had vomited till she could vomit no more, I ordered a teaspoonful of the tincture belladonna every half hour, then every hour, watching the effect myself, not leaving this to her nurses. After awhile, I had the satisfaction of seeing the pupils begin to dilate, and the spasms to abate, both in frequency and violence, and about 4 o'clock in the afternoon, the spasms had almost entirely ceased, and she was disposed to sleep. I ordered then 30 drops of tincture belladonna every hour, and frequent draughts of a de-

coction of green coffee, and for her to be kept awake by force all night, and left her. I returned next morning, found the spasms entirely ceased, the pupils natural, and the patient out of danger. I ordered them to stop the belladonna; to give her coffee and a good brandy toddy, and allow her to sleep, which she did from then till the next morning, when she awoke and convalesced rapidly, and is now well.

The next case was that of a mother, by mistake, giving to her babe, about nine months old, several teaspoonsful (she did not know how many) of laudanum. It presented pretty much the same symptoms as the foregoing patient did, and, on arrival, I gave it ipecac and warm salt water, and soon produced free emesis. The child was perfectly insensible, as "limber as a rag," to use a common expression, and the pupils contracted to a mere point. As soon as free emesis was effected, and the child had vomited till it could vomit no more, I ordered six drops of tincture belladonna in a little syrup of orange peeling every half hour, till a perceptible effect was visible upon the pupil. I gradually decreased the dose, and by the next day the child was well.

The third case was that of the child of a dear friend of mine, who, by mistake, had been given about a grain of morphine instead of quinine. The mistake was not discovered until the strange appearance gave evidence that something was wrong, or until the mother thought the child was dying. Several physicians, seven in all, I believe, were called in; and when I saw the child, it was in a perfect state of collapse. The physician first there worked very faithfully with the child, not being willing to trust to an emetic to empty the stomach, and, not having a stomach pump, one of the physicians inserted a long G. E. catheter into the stomach and extracted the contents by sucking them out with his mouth. The child was stripped, placed in a bath and rubbed and slapped with cold wet cloths. Milk, decoction of coffee, castor oil, spirits turpentine, and various other ar-

ticles, passed into the stomach through this G. E. catheter, and he was kept awake by being jumped, jolted, slapped on his naked skin with cold wet cloths, etc.; but there appeared no change in his symptoms during the whole of the afternoon. Most of the physicians in attendance were my seniors, and objected to my recommendation of the belladonna. All, however, by 9 o'clock, except myself and one other, had left. I then begged my friend to let us try the effects of the belladonna, as we saw his child must die unless there was some change. He and the only other physician remaining present consented. We, therefore, gave the child seven drops of the tincture, and in a half hour thought we saw some change in the pupil. We repeated the dose, and in another half hour saw a decided change; in another half hour, after having given him this time six drops, we saw that he was rapidly reviving under its influence; and, after having given him several more doses, diminishing the dose one drop each time, we had the satisfaction of feeling that he was out of danger, and by morning, on the following day, we considered him sufficiently so to allow him to sleep as much as he pleased. He enjoyed, after it all, a refreshing sleep; and, when he awoke, found himself quite well, with the exception of fatigue and the soreness from jumping, jolting and slapping to keep him awake.

It may be remarked here, that the child had had intermittent fever, and, by mistake, had taken the morphine for quinine, and that, after having recovered from the poisonous effects of the morphine, it was cured of the chill and fever.

I merely give these cases as direct proof of the inestimable value of belladonna as an antidote to opium, and to show, at the same time, what a quantity of it can be borne by one poisoned by opium. And this, I hope, will overthrow what I consider a false idea, that the "remedy is worse than the disease," and establish the fact that, in cases of poisoning by opium, we have a safe, quick and reliable antidote in

belladonna. I may also remark here, too, that I have known it equally as effective, given by subcutaneous injections, if, from any cause, it be impracticable to introduce it into the stomach.

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## ARTICLE II.

### PROCEEDINGS OF ATLANTA MEDICAL SOCIETY.

FEBRUARY 12, 1867.

On the call for report of cases—

DR. ARMSTRONG reported a case of Puerperal Fever in a lady who had been living in a malarial region, and, after having suffered from intermittent fever, was left in an anæmic and feeble situation. In this condition, some two months ago, she was confined in childbed. Nothing unusual occurred during her confinement; but, some three weeks since, she exhibited symptoms of mania. For several days previously to her decided mental alienation, various household duties were occasionally improperly performed. Instead of pouring out a cup of coffee, she would sometimes fill the cup with water, without seeming to notice the mistake until informed of it. Would occasionally fall, as though suddenly paralyzed, when walking about.

While in this condition, and as well as usual for several days when going to bed, she awoke her husband at 4 o'clock in the morning, in a fit of wild delirium, which lasted during the day. Her bowels being constipated, fifteen grains each of castor oil and jalap were ordered in the morning. During the afternoon, the bowels were thoroughly evacuated, and an opiate was ordered to be taken at night, with directions to give bromide potassa if she did not sleep. The following



morning, I found her much better—almost entirely quiet; had slept under the influence of the opiate without any other anodyne.

A wet nurse was obtained for the child, and she put upon the use of tincture iron, wine and generous diet.

DR. JOHNSON was of the opinion that puerperal mania might occur at any period of pregnancy, and at any time while nursing.

DR. STACY thought the case reported, in all probability, was the result of impoverished blood.

DR. GOODMAN reported to the Society a case of monstrosity, of which a German woman, under his care, was delivered sometime since. The flexor muscles of one arm were permanently contracted; two fingers on each hand were webbed, and the anus occluded, the fæces passing through the vagina. A fluctuating tumor of considerable size existed on the head. The urethra was normal. It had very little inclination to nurse, and died at twelve days old, seemingly from inanition.

DR. W. F. WESTMORELAND, on being asked his opinion as to the propriety of a surgical operation in this case, stated that, inasmuch as the bowels were freely evacuated through the vagina, there could be no absolute necessity for an immediate operation, and would not have advised it at that time.

DR. O'KEEFE had been impressed with the idea that more deformities were found in children of foreigners than native American women, and desired the opinion of members of the Society on this subject.

DR. W. F. WESTMORELAND had frequently found foreigners the subjects of this misfortune, but thought, when compared with the same class of natives, it would not be found to occur more frequently amongst Germans, or those of any other nation coming to America.

DR. W. F. WESTMORELAND reported a case in which serious symptoms resulted from slight injury to the ball of the

middle finger of the left hand, by a brass pin. On the 30th of December last, the finger was slightly pricked near the end by a brass shawl-pin. No inconvenience attended it for two days, when a small collection of pus was found in the wound, and was evacuated two days in succession by lightly puncturing the cuticle. About the fifth day from receipt of the injury, darting pain in the wound, elbow, axilla, and in the region of the left parotid gland, was of frequent occurrence during the afternoon, with some general fever. The finger was swollen, tender and hot. These symptoms continued, and being thought indicative of approaching tetanus, at 9 o'clock in the evening, free incisions—transverse and longitudinal—were made in the finger, relieving promptly the nervous pain referred to. The inflammation continued, however, with fever of an intermittent character; the paroxysms ushered in, irregularly, with chills—sometimes violent rigors. Cool applications for awhile, succeeded by emollients to the finger, in a few days, moderated the local symptoms. The fever, however, continued despite every means adopted. Under the use of quinine, though repeatedly given in full doses, the fever became more continued, with dry tongue and slight delirium. Mercury and arsenic have been used without any perceptible relief.

The question arises, to what is the fever attributable? Is it the result of nervous derangement, produced by the local injury? The incisions made with the bistoury do not look healthy. The edges are everted, and fungous granulations shoot from their surfaces. Fever is now constant; pulse generally about eighty to the minute; skin most of the time dry; tongue brown and dry; very restless occasionally; no disposition to talk or take food; despondent; bowels somewhat constipated; complains of pain in the lower extremities.

Under all the circumstances, is it unreasonable to suppose that the shock given to the cerebro-spinal centres, though tetanus was prevented, has laid the foundation for this uncontrollable and protracted fever?

DR. JOHNSON considered the case one of neglected intermittent fever, and was of the opinion that, with the use of stimulants, nourishing diet and the occasional administration of quinine and strychnine, a favorable result may be expected.

DR. STACY favored nourishing diet, and recommended, in addition to the other suggestions of Dr. Johnson, the use of iron by hydrogen as a hæmætic.

DR. O'KEEFE was unable to arrive at any very satisfactory conclusion as to the exact nature of the case under consideration; but, from the report made of it, and from his own knowledge of the symptoms, is inclined to the opinion that they are the result of injury received in the finger. Whether they are due to pyæmia or a direct impression made upon the nervous system, he was not at all satisfied, but thinks it not at all improbable that pyæmia, in a mild form, exists. He is inclined to think the treatment adopted in this case has resulted in aggravation of the symptoms, and that the course to be relied on, is that which is calculated to invigorate the declining energies of the system. Nourishing diet, and other supporting means, are certainly indicated.

DR. WORD was in doubt as to the character of the affection and its cause. He thought, however, from the symptoms detailed, and the general history of the case, that, though the existence of genuine typhoid fever may reasonably be inferred, it is not at all improbable that the low continued fever, and depressed condition of the vital energies, may be the result of ordinary intermittent fever. Symptoms of this kind he had recently met with in a case commencing with ordinary chills, in which turpentine and nourishing diet proved successful.

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FEBRUARY 26, 1867.

On call for report of cases—

DR. O'KEEFE reported a case of labor with arm presentation. Was called to a woman thirty years old, in her fourth

confinement, on Saturday at 3 P. M. The membranes had ruptured in the morning, when the pains ceased almost entirely; pulse 100. On examination, the arm of the child was found in the vagina. No movement had been felt by the mother for twelve hours, and the child was supposed to be dead. Delivery by turning was at once determined upon. An attempt to return the arm before introducing the hand into the uterus, was unsuccessful, when the left hand was carried into the uterus, along the breast of the child, until one foot was secured, which was brought down in contact with the presenting arm. By proper traction and external manipulation, with this alone, the delivery could have been effected; but, supposing the difficulty might be lessened, the other foot was sought and brought down. By gentle traction upon the lower extremities, the arm readily returned, version was easily effected, and the woman promptly delivered of a dead child. At the time the feet were brought down, and before traction and manipulation were attempted, the patient complaining considerably, partial anaesthesia was produced by chloroform, which not only controlled the suffering, but, to some extent, the tonic contraction or rigidity of the parts.

Considerable irritability of the system was manifested after the delivery—the pulse 130 to the minute, with restlessness and pain. Brandy and morphine were administered; and, as no hemorrhage or other serious difficulty presented, the patient was left with the nurse for the evening. She has been as well as could be expected since, and gives hope of speedy recovery.

While eminent obstetricians, among them Tyler Smith, recommend eviceration, and the delivery without turning, he considered the latter less painful and injurious to the mother, and would prefer it, even when the death of the child is certain.

Dr. Boring mentioned a case in which the woman had been in labor three days, with arm presentation. When

called, he found her very much exhausted; so much so, that, after consultation, turning was considered impracticable. The dimensions of the child were reduced by eviceration, and it withdrawn from the womb. It was supposed the child had been dead forty-eight hours.

After the delivery, the woman did well for thirty-six hours, when symptoms of puerperal peritonitis were manifested. She sank rapidly under the violence of the inflammation, and died in a few days. He expressed himself decidedly in favor of turning, when the arm presents, let the circumstances otherwise be what they may.

DR. ARMSTRONG said he was struck with the remarks of Dr. Boring, and with the similarity of termination to a case he had met with, on account of another difficulty. In company with another physician, he had been called to a woman in labor forty-eight hours. The water had escaped, and pains ceased twelve hours previously. She was much exhausted—quick frequent pulse. Upon examination, the os was found fully dilated, and no resistance or hindrance to the delivery, connected with the uterus itself, discovered; but, on proceeding further with the examination, it was ascertained that a disproportion in the size of the head and pelvis manifestly existed; so much so, indeed, that a passage was impossible. Without delay, the cranium was punctured, and a large quantity of fluid, followed by the natural contents, was discharged. The child was then brought away by gentle traction, and no further trouble experienced in the management of the case for twenty-four hours. At the end of this time, fever, with other symptoms of peritonæo-hysteritis, came on, and progressed rapidly to a fatal termination.

DR. WOOD had seen three cases of congenital hydrocephalus, but, in every instance, they resulted favorably to the mother by evacuating the accumulated fluid. He agreed fully with Dr. Boring in the opinion that, in arm presentation, turning is preferable to eviceration. He also expressed

pleasure in being able to corroborate the statement of Dr. O'Keefe, that chloroform has a relaxing influence upon the soft parts in labor. He had noticed this result occasionally in his obstetrical practice.

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### ARTICLE III.

*Singular Species of Epizoa.* By N. B. DREWRY, M. D.,  
Griffin, Ga.

In July of the present year, Mrs. B——, æt. 28 years, of full habit and florid complexion, and active life, applied to J. R. Cleaveland, S. D., of this place, for relief of tooth-ache. Finding a cavity, he proceeded to treat the nerve by the application of arsenic. Failing to allay the pain in this way, he resorted to mechanical means of impressing or destroying the nerve, and was finally successful in relieving the suffering. Very soon, however, the pain returned, and as it was desirable to avoid extraction, if comfort could be obtained otherwise, the instrument was again introduced into the cavity of the tooth, and, after giving it a rotary motion, was removed. On examination of the substance adhering to the instrument, a living animal—a worm—was found. The parasite measures about four lines in length and one in thickness, with a head larger than the transverse measurement of the body, and composed of a firm, horny substance. Since the removal of the worm from its cavity, the tooth has not been at all painful.

A still more remarkable case of local disturbance by an epizoon, presented itself to me, one month after the case above-mentioned was treated.

Mrs. G——, æt. about 43, healthy and corpulent, called,

August 2, 1867, at my office to consult me in regard to a painful affection of the finger, very much resembling ordinary whitlow. The pain, she said, was periodical, deep-seated and of a gnawing character. Seeing nothing unusual in these symptoms, I pronounced the case a felon, and gave the usual advice in such cases. She declined, for the time, having it opened, but applied emollients, used opiates internally, etc. Two weeks passed in this way, without any material change in the condition of the part, except a slight pointing at the center of swelling. Pricking this portion of the cuticle, with an ordinary needle, she imagined, though without much discharge, gave some comfort. With the hope of obtaining entire relief in this way, she still refused to have the finger laid open with a bistoury. In two or three days after her own operation with the needle, the suffering became again so intense, that she resorted to the same mode of relief. Extending her puncture, perhaps, further than before, she found beneath the attenuated skin a living worm, and extracted it. The pain subsided at once, and the swelling, and other evidences of local disease, gave way.

The worm thus extracted, and to which the painful condition of the finger is attributable, in every respect, resembles that obtained from the tooth of Mrs. B——, a month previously.

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## SELECTIONS.

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*Cases by J. W. THOMPSON, M. D., of Paducah, Ky.*

In the August number of the *Southern Journal of Medical Sciences*, is reported a rare disease of bone, by a resident student of the Charity Hospital, New Orleans, which was treated by the visiting surgeon.

I regard the following case as the same type of disease, and like the one just referred to, as characterized by some points of pathological interest.

**Miss Sallie J—**, aged thirty-nine years, enjoyed usual good health to puberty. From that time, her health became impaired. She suffered with derangement of the menses, which was followed by obstinate hysteric.

From puberty until she was thirty-one years old, at which time she became my patient, she had been treated by a number of medical gentlemen, but the catamenial difficulty and hysteria continued unabated. In 1858, I first saw her, in connection with my preceptors, Drs. George Stovall and E. W. Woodson; we treated the case together, but only succeeded in giving her temporary relief.

The following year, 1859, an excrescence appeared on the middle finger of the right hand, near the distal extremity, which rather rapidly became a fungous growth, extending up the finger, despite constant local and general treatment. When it reached near the second joint, I amputated the finger. Soon after the stump became involved, and when the disease had very nearly extended to the metacarpo-phalangeal articulation, I amputated at that joint, assisted in those operations by Dr. Stovall.

Soon the index finger of the other hand—the left—took disease in the same way, a bleb appearing near the edge of the nail. In a few days, the second, or middle finger, was attacked in the same manner, the disease pursuing a similar course. When it had very nearly extended to the metacarpo-phalangeal articulations, Dr. S. S. Payne, of this county, amputated both fingers at that joint. I assisted him.

In about two and a half months from the time that operation was performed, the little finger of the same hand was affected in precisely a similar manner to those which had been amputated. She then consulted Dr. D. D. Thompson, of this city, and became his patient. Dr. Thompson informs me that, after using various local and general remedies, mentioning, especially, acid nitric and lunar caustic, the disease continued extending until it reached near the articulation of the finger with the hand, when he amputated it. Before removing that finger, Dr. T. made an incision in it and the ring finger, about an inch and a half long, extending down to the bone. After this course was pursued by Dr. Thompson, she returned to her home in Ballard county, and in about three months, the ring finger, which was the only remaining one on that hand, was affected. When it had involved almost the entire finger, I removed it at the same



joint that I had done the others on that hand. In a short time after the last finger was amputated, the stump and hand became involved. Also, the left leg over the region of tibia. The leg sloughed considerably. When in this condition, setons were freely inserted in left arm and leg. Issues were kept up for two years, in which time the disease was held in check. At times, during that period, the setons were discontinued, and when that was done, the disease would return. When the issues would be again established, it would be arrested.

In this condition, she applied to a "Faith Doctress." Soon after that time, she began to improve. The knife and issues had succeeded in arresting the disease, and when the favorable change was taking place, she unfortunately, for humanity and the profession, passed into the hands of the old woman. Patients suffering with like diseases have pursued a similar course, much to the regret of the profession, because many a good person has been sacrificed by the willful impostor, through the influence of their examples.

I bring this case before the profession for the reason that I consider it exceedingly rare and interesting—interesting in both a pathological and surgical point of view.

The history of the family is not such that we could pronounce it scrofulous necrosis of the bones, and if the necrosis is of a syphilitic character, it was inherited. We admit that our pathological knowledge of that type of disease did not enable us to distinguish it.

The knife did much good in checking the disease for a time, but the setons seemed to have been more efficient than the knife. I have before stated that she enjoyed good health to puberty, but failed to make a healthy transformation from girlhood to womanhood. From puberty, the catamenia has been very irregular. For the past few years, it has occurred about semi-annually. She is a confirmed hysterical subject. The disease, on all of its fingers, first made its appearance near the distal extremity of the finger. Dr. D. D. Thompson removed the nail of one finger, but it had no influence on the progress of the disease. After removing five fingers, the disease attacked the stump of the left hand and left leg.

Issues were kept up by setons for two years, after which time the morbid condition gradually yielded. I am satisfied that the persistent use of the setons relieved the patient. It is now two years and a half since the disease disappeared,

with no inclinations of its returning. I think it *possible* that had the setons been timely used the fingers might have been saved, though the medical men who were associated with me in the case, agreed with me that it was best to amputate them. In a similar case I would first thoroughly try the setons. Dr. S. S. Payne advised to establish the issues. The result of the case proved his suggestion to have been a wise one. During the time each finger was diseased, her jaws became locked and remained so for several days—at one period for eighteen days, during which time she took no food or water—bowels did not move or urine voided, except by the aid of the catheter. Did not perceptibly lose any flesh. During each spell of lock-jaws, there was paralysis of the left side of the body.

In the case reported in the Southern Journal of Medical Sciences, the disease pursued almost exactly the same course that it did in the one I have just detailed. In that case the toes were first involved by the appearance of a small bleb or blister; afterwards the phalanges became necrosed, the disease resisting all treatment, and was only temporarily checked by amputating a toe, and so on until all the toes were removed. After the disease had pursued that course, it attacked the fingers, first on the right hand, by the appearance of a bleb on the little finger, then on the left hand. Several of the fingers were amputated and diseased bones removed. When the stump of the left hand healed, the disease attacked the metatarsal bones of the left foot. The writer states that it still persisted at the time he made the report. In that case after the wound from the amputation healed, the disease remained dormant from six weeks to two months; it was the same with my patient. For more than two years there has been no recurrence of the disease. That is due, I am satisfied, to the use of the setons, for it never was dormant much longer than two months before the setons were inserted.

Some of the general symptoms that characterize my case were not present in the one referred to, but the pathological condition, I am satisfied, is the same.

CASE II. Miss Susan Godsey, known as the sleeping woman. Her home is in Obion county, Tennessee.

A few days ago, I visited her and made notes of her case from observation, and the history, as given me by her mother and brother-in-law, who witnessed it from the beginning

of this peculiar condition. Age twenty-seven years; has been asleep between eighteen and nineteen years; awakes almost at the same time at certain hours each day; remains awake only from five to ten minutes; awakes at three o'clock, A. M., then at six, and every successive hour until twelve; again awakes at three, six, seven, nine and eleven, P. M.

Pulse obscured by constant tremor of muscles; bowels generally operate once a day; menstrual period very irregular, frequently fails to appear, and when it does is generally very scanty. When awake, complains of pain in the head and down the spinal cord; the first six years, awoke only twice a day; since that time, she awakes more frequently, but for the last five years, the frequency in waking has not increased; has what I term a general spasm about every ten minutes; had two during the first twenty minutes after I saw her. Almost immediately following the spasms, she has a spell of hiccoughs, hiccoughing generally ten times each spell, at which times the head and neck are raised, and the head falls forward; awoke one time during the hour I was with her, and remained awake seven minutes; talked rationally in answer to my questions. In an instant, I discovered she had fallen asleep. At the same time, I endeavored to arouse her, but could make no impression upon her; she slept on.

It is impossible to arouse her until her usual time for waking; complains severely of cramping in the stomach and pain in left side, color is rather healthy; expression of eye good. When awake she is always gloomy; *never calls for food* but generally relishes it when given; occasionally calls for water. The mother and brother-in-law state that just before she passed into this condition, she was sick with Intermittent Fever, and that her Doctor gave her large doses of morphine, landanum and ether, that the Doctor (!) remarked to them (the father, mother and brother-in-law,) "I have tried to cure her and failed, and then tried to kill her and failed."

The spine has been blistered and the galvanic battery used. She is medium size, moderately well developed, except the mammae which can scarcely be said to be developed at all, and the finger and toe nails have not grown any since she passed into this condition.

This patient has actually been in a deep sleep between eighteen and nineteen years, with the exception of the few minutes each day at the stated time.

I am satisfied that this is a very remarkable case, and I have reported it for the reason that I believed the profession would be interested in the history of such an anomalous one.

I will not attempt to account for her sleepy condition. I do not feel competent to advance an opinion about a cause that is involved in such profound mystery. The sensible answers to questions and conversation while awake, make it evident that the cerebrum is not organically diseased. The difficulty may be at the base of the brain. The characteristic pain in the left side, and cramping in the stomach, attended with a rational condition of the mind, reminded me that it might be an aggravated form of the protean malady, hysterics.

I have given the mother and brother-in-law's statement of the treatment that was used immediately before she passed into this condition, for what it is worth.

What I have said about the probable cause of her condition is mere conjecture. Last spring, my friend, Dr. B. Marshall, of Woodville, furnished me the notes of her case from observing it one day; also our highly respected and intelligent Presiding Elder, Rev. Mr. Binum. These notes correspond with those made by myself. Dr. Wilson, of Union City, and Dr. Wright, of Kingston, Tennessee, were with me when I made the notes I have given in this report.

If this case has any parallel in the recorded history of medicine, I am unaware of it.

Should any one doubt the authority of this report, it can be established by numbers of the most prominent men in Western Tennessee and Kentucky.—*Nashville Journal of Medicine and Surgery.*

*Letter to DR. E. S. FRAZER, from his son, S. H. FRAZER, in Paris.—The General Pathology of Syphilis—Letter III.  
—The Indurated Chancre.*

It is not necessary to repeat here what was said in the two former letters concerning the indurated chancre. We have seen that it is the first local manifestation of the disease proper, and, therefore, only a symptom. I deem it proper

to say, in this connection, that the first writers on syphilis did not confound the two chancres; for we find that Marcellus Cumanus and Alexander Benedictus made a distinction between the indurated chancre and the contagious ulcer of the genital organs. I have tried to show that the first writers who confounded the two were Georgis Vella and Nicholas Massa. Other syphilographers, however, were struck with the difference existing in appearance and prognosis; they noticed these differences without attaching any importance to them. Jean de Vigo speaks of the induration ordinarily accompanying the chancre, followed by constitutional syphilis. Thierry de Héry, in 1569, wrote that "these ulcers are the most often accompanied by hardness; the greater the degree of hardness, the greater the degree of malignity and difficulty of cure; the prognosis will also be more doubtful." Ambroise Paré wrote the following, about the same epoch: "If there is an ulcer on the penis, and induration occurs, it invariably proves that the patient has syphilis." Hunter noticed, and gave a most classic description concerning this induration. M. Ricord was the first who seized it clearly, but he taught that all chancres can become indurated if placed in certain conditions. M. Basse-reau, of Paris, enjoys the honor of having divided the two, and made up the differential characters existing between them.

*Cause.*—I have already said, in the former letters, that constitutional syphilis always commences with a chancre; also, that this chancre can arise from different sources. M. Rollet teaches and writes that all secondary symptoms of the suppurating form are contagious, making the pus the vehicle of the virus. As already seen, the blood of a syphilitic patient is also contagious; but syphilographers have not as yet been able to determine in what condition.

*Symptomatology.*—The majority of writers have agreed upon twenty-five days as the average of the incubation; it was formerly taught that it made its debut by a vesicle, but at present, it is taught that it makes its appearance by a simple excoriation, the diameter of which is not larger than the head of a pin of ordinary size. It is round, covered (except on its borders) by a grayish pseudo-membranous production, of which the presence is constant. It suppurates very little, progressively augments in surface, and passes successively through the stage known as that of

"state" and reparation. The false membrane remains generally on a level with the neighboring tissues; it neither forms a prominence nor depression. The borders of the ulcer are of a bright red; not covered by the false membrane, they (the edges) look as if varnished—shining. That peculiar arrangement of the borders, towards the bottom of the ulcer, gives it that cup-shaped form, in view of which M. Ricord has so much insisted they do not resemble the borders of the soft chancre. However, there are some cases where the borders are raised, appearing to be perpendicularly excavated; then it has almost the same appearance as the soft chancre.

The induration of the base of a chancre generally makes its appearance during the first week following the apparition of the ulcer; sometimes it is much longer making its appearance. Fifteen days, and even three weeks, elapse before the induration can be detected; it is almost always difficult to ascertain, at the commencement, whether it is an induration. It develops slowly and progressively until up to the moment of cicatrization of the chancre; then it gradually diminishes, after a time, which is very variable; it (the cicatrization) can be found six months after the disappearance of the chancre. Ricord says, in his *Lessons on the Chancre*, (page 106,) that he found the induration of a cicatrix thirty years after the healing of the chancre. When it has reached its maximum, it forms a sort of bed for the ulcer; it is indurated around and under the ulcer. The induration which belongs to a large ulceration is often badly marked; this gives (from its feel) origin to M. Ricord's pasteboard induration. In some cases, only the borders are indurated; it is then called circular; sometimes it acquires a considerable volume, forms a hard, cartilaginous-like body, which raises the ulcer above the neighboring tissues; this the authors name *ulcus elevatum*. After the teachings of MM. Diday and Langlebert, the typical chancre is the result of contagion from a primary accident, and the *pasteboard* chancre the result of contagion from a secondary accident. These views have a great many friends among syphilographers. The induration, no matter what form it takes, seems to have certain seats of election, and produces itself more easily in those regions. Thus, on man we see the preputial chancres; those on the *corona glandis*, in the cervix or gutter between the prepuce and glans, indurate ordinarily very well; the

cutaneous chancres on the body of the penis indurate badly. Among women, the induration is very obscure; the induration, when once established, has a tendency to disappear, whether the patient be submitted to treatment or not; it softens with this peculiarity, namely, throughout its extent and thickness, disappearing little by little, and finally leaves no trace behind but a violet-colored spot, which will in time disappear. A very frequent complication is the ulceration of the induration, which, in some cases, takes place, and would induce inexperienced persons to believe that they had a new chancre to deal with. It is probably this, says M. Bellehomme, that made Mr. Babington write that the primary accident of syphilis is constituted by an induration preceding the ulceration.

The following is a statistical table of M. Puche, giving the length of time the induration existed:

|                        |           |
|------------------------|-----------|
| Chancre in Cervix..... | 390 days. |
| .. of Frenum.....      | 452 ..    |
| .. .. Cervix.....      | 457 ..    |
| .. .. Cervix.....      | 540 ..    |
| .. .. Cervix.....      | 602 ..    |
| .. .. Glans.....       | 650 ..    |
| .. .. Cervix.....      | 690 ..    |
| .. .. Prepuce.....     | 700 ..    |
| .. .. Prepuce.....     | 755 ..    |
| .. .. Cervix.....      | 768 ..    |
| .. .. Cervix.....      | 997 ..    |
| .. .. Cervix.....      | 1507 ..   |
| .. .. Prepuce.....     | 2062 ..   |

I said that among women the induration is less marked than among men. It happens sometimes that there is no induration at all; such chancres are observed in the proportion to the others of one to one hundred. The diagnosis of this variety is difficult, but it is only necessary to remember that polyganglionic induration always accompanies the indurated chancre and never the soft. If need be, inoculation can be tried on the person where the case is obscure; the ulcer will indicate the nature of the sore, whether chancre or chancroid.

The mixed chancre has made such a noise in the medical world, in the last few years, that a few remarks, I think, in

this connection, will be appropriate. The theory was first promulgated by M. Laroyenne, a pupil of M. Rollet, published in 1859. M. Laroyenne having put some pus from a soft chancre on an indurated one, thus engrafting the soft on the hard chancre, the reunion was called by him "mixed chancre." The following year, M. Basset repeated the experiments of M. Laroyenne, and obtained the same results. The simultaneous coexistence of the two kinds of virus on the same point explains, beyond a doubt, the cases in which pretended indurated chancres have been inoculated on the person who is afflicted with it; but this reinoculation has only been possible, according to the statistics of MM. Puche and Fournier, two cases in one hundred, and after M. Rollet, six in one hundred. The mixed chancre gives also a plausible interpretation of the observations of pretended soft chancres transmitting soft chancres, followed by constitutional symptoms. It is also an excellent argument in favor of duality, since this chancre furnishes an inoculable pus for the individual who is affected; this is, say dualists, a certain proof that the viruses are on the same place, and yet distinct, each preserving its specious properties. In general, the indurated chancre is solitary; according to statistics of M. Clerc, it is so in four or five cases; nor is this surprising when we remember that the indurated chancre does not, like the soft one, multiply by inoculation. It is necessary, in order to have more than one hard chancre, that more than one be contracted at the same time. M. Aimé Martin says: If an embarrassing case presents itself to the practitioner with a chancre, and eight or ten others arise afterwards, it should be diagnosticated as soft chancre. In the largest majority of cases, (ninety-three in one hundred,) the indurated chancre gives rise to engorgement of the lymphatic ganglions in the neighboring groin. These engorgements, which are called *polyganglia*, are multiple, hard, indolent, without any change of the color of the skin. The indurated ganglions are independent of each other, without adherence to the cellular tissue; they roll freely under the finger, not the least tendency to suppuration. It is very rare that the indurated chancre is complicated with *phagedenism* or gangreen, which, on the contrary, happens often with soft chancres. Acute inflammation seldom accompanies it, (the hard chancre;) in a word, the complications, in all their phases, are very rare. After having rested for a few days in the



condition known as the "*state*," its tendency is towards cicatrization, which ordinarily is accomplished at the end of a month. When a chancre takes the *ulcus elevatum* form, it has, in appearance, the greatest analogy to mucous patches; they are very easily confounded. It can even happen that secondary accidents come to light during the process of cicatrization, and the chancre be transformed into a mucous patch. This transformation M. Ricord used in support of his theory of the non-contagiosity of secondary accidents. Even when it had been demonstrated that the pus from a mucous patch had transmitted syphilis, the Midi School never failed to use this argument; they said that the mucous patch which furnished the pus was nothing but a chancre under the process of transformation. The chancre has not any exclusive place of election; it flourishes at any point where the virus may be introduced. The genital organs being more exposed than other parts, of course are more frequently affected than others. MM. Bellehomme and Martin divide the chancre into two classes, according to the cause, the genital-indurated and extra-genital.

The genital-indurated chancre exists on an average of ninety-five in one hundred. M. Clerc's statistical table of four hundred and three cases of indurated chancres is as follows:

|                                                 |     |
|-------------------------------------------------|-----|
| Mucous surface of the prepuce.....              | 63  |
| Cervix of furrow between glans and prepuce..... | 171 |
| Orifice of the prepuce.....                     | 35  |
| Frenum.....                                     | 14  |
| Glans.....                                      | 12  |
| Meatus urinaris.....                            | 33  |
| On the body of the penis.....                   | 58  |
| Scrotum.....                                    | 3   |
| Angle formed by the penis and scrotum.....      | 5   |

Of four hundred and seventy one cases of indurated chancres observed by M. Fournier, at the Midi, he has noted only twenty-six extra-genital chancres:

|                                                                                       |     |
|---------------------------------------------------------------------------------------|-----|
| Chancres of the glans and prepuce.....                                                | 314 |
| Of the body of the penis.....                                                         | 60  |
| Multiples, 62; chancres at the same time of the body and prepuce, body and glans..... | 11  |

|                                    |    |
|------------------------------------|----|
| <b>Meatus urinarius</b> .....      | 32 |
| Inside of the urethra.....         | 17 |
| Scrotum.....                       | 7  |
| Between the penis and scrotum..... | 4  |

In a statistical report of M. Rollet, at Lyons, extending from the 1st of November, 1862, to the 5th of March, 1863, we find, that of fifty-three indurated chancres, fifty were genital chancres, three presenting the character of mixed chancres. M. Nodet, an interne in the service of M. Rollet, observed, during six months, sixty-five indurated chancres, fifty-nine of which were on the genital organs.

M. Tanturrè, of the Syphilicime in Naples, has given the following in forty cases:

|                                     |    |
|-------------------------------------|----|
| Chancres of the glans.....          | 4  |
| Cervix of penis.....                | 6  |
| Mucous membrane of the prepuce..... | 16 |
| Orifice of the prepuce.....         | 3  |
| Body of the penis.....              | 7  |
| Scrotum.....                        | 2  |
| Pubis.....                          | 2  |

There are few statistics of the position of chancres among women; this is probably owing to the rapidity with which they disappear, and the malformation of the induration. M. Martin, an interne in the service of M. Clerc, has given a statistical table for the year 1861; of all the indurated chancres admitted in the St. Lazare Hospital, unfortunately, says M. Martin, these statistics can only have relatively a secondary value; for the majority of the patients who compose that service are prostitutes, having been formerly affected with syphilis, and, consequently, are exempt from a new contraction of an indurated chancre. Of the seven hundred and seventy-six patients affected with divers venereal affections, admitted from the 1st of January, 1861, to the 31st of December of the same year, forty-five were affected with indurated chancres, thirty-three genital, twelve extra-genital. The first he divides as follows:

|                                   |    |
|-----------------------------------|----|
| Chancres of the Labia majora..... | 15 |
| .. .. Labia minora.....           | 9  |
| .. .. Fourchette.....             | 5  |
| .. .. Meatus urinarius.....       | 2  |
| .. .. Vestibule.....              | 2  |

There was not a single case during this year of a chancre of the walls of the vagina or cervix uteri.

M. Melchior Robert has arrived at different results. Of seventy-six patients affected with chancre—he does not say whether they were indurated or not—on the external genital organs, he found :

|                                        |    |
|----------------------------------------|----|
| Fourchette .....                       | 30 |
| Limits of the vulva and vagina.....    | 11 |
| Vulva .....                            | 7  |
| Labia minora.....                      | 17 |
| Meatus .....                           | 4  |
| Internal face of the labia majora..... | 3  |
| Clitoris .....                         | 2  |
| Carunculus .....                       | 2  |

Before passing to the statistics of the extra-genital chancres, I will say here a few words, following Bellehomme and Martin, of the concealed urethral chancre. The possibility of such a thing was noticed by Hernandez; afterwards it was specially studied by M. Ricord. In M. Fournier's statistics of four hundred and forty-five indurated chancres, he found seventeen which could only be perceived by forcibly separating the lips of the meatus. A patient affected at the same time with one of these and gonorrhœa would give at the same time syphilis and gonorrhœa. Persons contenting themselves with a superficial examination would only see the most apparent lesion, and, consequently, would see a beautiful example of syphilitic gonorrhœa. This order of things has been the refuge and harbor of the Identist.

The extra-genital chancre has only been noticed ten times in four hundred and three cases by M. Olere, twenty-six in forty-five by Aimé Martin. The last, of M. Martin, was from the St. Lazare, and the disproportion is explained by the depraved habits of the prostitutes; as M. Tardieu says: "*Labia et oscula obscenis blanditis præbent.*"

The ten cases of M. Olere are divided as follows :

|              |   |
|--------------|---|
| Lips .....   | 5 |
| Tongue ..... | 1 |
| Pubis.....   | 2 |
| Thigh.....   | 1 |
| Eyelid.....  | 1 |

Of the twenty-six of M. Fournier :

|                                  |    |
|----------------------------------|----|
| Anus.....                        | 6  |
| Lips .....                       | 12 |
| Tongue.....                      | 3  |
| Nose .....                       | 1  |
| Mucous membrane of the nose..... | 1  |
| Eye lid.....                     | 1  |
| Finger.....                      | 1  |
| Leg .....                        | 1  |

## Four of M. Burtel:

|                                              |   |
|----------------------------------------------|---|
| Lower lip.....                               | 2 |
| Both lips at once.....                       | 1 |
| Cephalic, without any other designation..... | 1 |

## Of the six cases observed by M. Nodet:

|                                        |   |
|----------------------------------------|---|
| Chancre of Mucous membrane cervix..... | 1 |
| .. Internal angle of right eye.....    | 1 |
| .. Lower lip.....                      | 4 |

## The twelve cases observed at the St. Lazare:

|                       |   |
|-----------------------|---|
| Perineum.....         | 2 |
| Anus .....            | 2 |
| Thigh.....            | 1 |
| Buttock.....          | 1 |
| Lower lip .....       | 2 |
| Wing of the nose..... | 1 |
| Tongue .....          | 1 |
| Base of uvula.....    | 1 |
| Forehead.....         | 1 |

The indurated chancre of the anus often escapes the attention of the practitioner; it is ordinarily a light and painless lesion; it does not often attract the attention of the patient. The buccal chancres, chancres of the tongue, lips and uvula, as comprised under this head, are most often the result of contagion from secondary accidents of the mouth; it can result very often in *mediate contagion*. M. Rollet reports a circumstance of transmission from mouth to mouth through the agency of a blowing tube in a glass factory in the department of the Loire. Chancres of the nose and nares are

very rare. M. Fournier reports one of each, and Mr. McCarthy one of the nares. Those of the face occur more frequently. M. Bellehomme has seen one on the forehead, and another situated in the gutter between the nose and upper lip; M. Fournier has seen a similar one; M. Melchior Robert speaks of a chancre of the forehead; M. Ricord speaks of a medical student as having one on the left cheek; others have cited examples of chancres of the eyelid, among other, Ricord, Melchior Robert and Desmarres. It is very easy to be seen, from the above statistics, that the indurated chancre of the head occurs frequently enough, and this relative frequency, perhaps, accounts for the extreme rarity with which the soft chancre is met with in this region; indeed, the head was considered for a long time refractory to the virus of the soft chancre.

*Relative Frequency of the Indurated Chancre.*—M. Fournier, in his notes on Ricord's Lessons on the Chancre, says that he observed, at the Midi Hospital, during nine months, three hundred and forty-one chancres, of which

|                              |     |       |
|------------------------------|-----|-------|
| Indurated chancres were..... | 126 | } 341 |
| Soft chancres were.....      | 215 |       |

M. Barlet, at the Antiquaille:

|                         |    |       |
|-------------------------|----|-------|
| Indurated chancres..... | 54 | } 131 |
| Soft chancres.....      | 77 |       |

M. Nodet:

|                          |    |       |
|--------------------------|----|-------|
| Indurated chancres ..... | 65 | } 136 |
| Soft chancres .....      | 71 |       |

M. Bellehomme, at St. Lazare:

|                          |     |       |
|--------------------------|-----|-------|
| Indurated chancres ..... | 45  | } 150 |
| Soft chancres .....      | 105 |       |

The general condition of the system during the duration of the indurated chancre was an extremely remarkable phenomenon, and which goes to form the assertion that the chancre is only the first external manifestation of the diathesis. It is rare that the patient does not complain of an

unaccustomed feebleness, of palpitation, headache, or show a discolorization of the integuments, and sometimes a "*bruit de souffle*" in the carotids; in a word, all the symptoms of chloro-anemia. Something more remarkable still, is the state of the blood, which has been studied and analyzed by M. Grossi, formerly pharmacist at the Hotel Dieu. This experimenter found, in all the cases, a considerable diminution of the red globules. According to MM. Becquerel and Rodier, the normal number of the red globules should be one hundred and forty in one thousand parts. In the several analyses of M. Grossi, the normal number of 140 was lessened to 125, 124, 95, 94, 90, 76, 58, 55, and even 48. On the other hand, the number of parts of albumen was increased (represented commonly by 80) to 102, 104, 106, 108, 115, 123, 126 and 127. The quantity of fibrin was not notably changed in any case. The blood of individuals affected with soft chancre was also examined by M. Grossi, but did not present any important alteration.

*Histological Nature of the Induration.*—M. Ricord thinks it is formed by an effusion of plastic lymph in the lymphatic capillary system. According to the theories of MM. Marchal de Calvry, Robin, Lebert and Mr. Acton, the induration belongs to the fibro-plastic, and is seated in the thickness of the dermis. In M. Ricord's *Lessons on the Chancre* is a detailed histological history of the nature of the induration, which I do not deem necessary to insert here, as there is nothing certain about it; and, furthermore, is not of the slightest practical importance. Those who wish to go deeper into the subject will find M. Robin's views in Ricord's *Lessons on the Chancre*. Suffice it to say, that M. Robin considers the induration to be principally located in the thickness of the dermis.

*Diagnosis.*—There are two modes to which French surgeons resort, both of which are almost absolutely impossible in America, where our population is extended over such a vast space; and again, this practice is impracticable with private patients. The means adopted by the French are inoculation and confronting the diseased and the person suspected. The latter course, as I said above, in the largest majority of cases, is impossible. For instance, a man contracting a chancre in New York or New Orleans, presents himself for treatment in St. Louis; it is easy to perceive at once that this, as a means of diagnosis, cannot be thought

of. The former is practicable only in hospitals, as a private patient will not submit to such means of diagnosing the affection, the more so as he can always find men who will take the responsibility of treating him on general principles, and satisfying himself with general results, frequently to the irreparable detriment of the unfortunate victim. Where, however, inoculation can be practiced, it is an invaluable assistant in making a diagnosis, as the exceptions to the rule, that the person who is affected cannot be reinoculated with the virus of the chancre, if it be an indurated one, are few; the cases in which they can be reinoculated are very rare. M. Clerc says he has inoculated two in one hundred. M. Fournier, M. Nadau des Islets, M. Laroyenne, M. Rollet and M. Roissau have all had almost similar results. When the chancre is accompanied by one of those cartilaginous-like indurations, it is not difficult to diagnose. Sometimes it is slow to make its appearance, obscure, and even in some cases it does not exist at all.

I here append MM. Bellehomme and Martin's differential of the characters of the chancre:

#### INDURATED CHANCRE.

1. There is an incubation, of which the average duration is fixed at 25 days.

2. It arises from the contagion of an indurated chancre, from suppurating, secreting, secondary lesions; sometimes from the blood of a patient affected with syphilis in the secondary stage.

3. It is most frequently solitary.

4. It is not inoculable to the person who has it, or to a person with constitutional syphilis.

5. It does not commence by a vesico-pustule, but by a simple excoriation, and in some cases by a papilla.

6. In the period called the *state*, the indurated is presented under the form of a superficial ulceration with inclined borders; this ulceration is covered, in part, by a false membrane; the borders are of a bright red; the form of the ulceration is generally regular; it suppurates very little.

#### SOFT CHANCRE.

1. There is no period of incubation.

2. It arises from a simple chancre or a chancreous bubo.

3. It is most frequently multiple.

4. It is inoculable without end to the person who has it, or to any other person. The pus of the suppurating bubo is only inoculable when it is a chancreous one.

5. It commences by a vesico-pustule.

6. In the period called the *state*, the soft chancre is presented under the form of a tolerably profound ulceration, the bottom of which is filled with a kind of organic debris mixed with pus. The borders are perpendicular, and separated on the edges from the subjacent tissues.

**INDURATED CHANCRE.**

**SOFT CHANCRE.**

7. The indurated chancre is rarely painful.

8. The indurated chancre is accompanied 98 times in 100 with induration of its base, elastic and chancreoid in its character, not having any of the inflammatory induration.

9. The neighboring lymphatic ganglions of the indurated chancre become indurated, and give those polyganglionic adenophymata, which are chancreoid and indolent, without any tendency to suppurate.

10. Not much local reaction; it has a tendency to cure itself; very rarely becomes phagedenic; it is regular in its course.

11. The indurated chancre is the first apparent manifestation of the syphilitic diathesis; it is therefore the sign of general infection of the economy. Frequently before its cicatrization the first manifestations of the secondary stage come to light, such as roseola, etc.

12. It is peculiar to the human family.

7. The soft chancre is almost always painful.

8. The soft chancre is accompanied in some cases with an inflammatory induration, but never with the specific induration.

9. The soft chancre is often accompanied by phlegmonous lymphatics. The bubo suppurates, and furnishes in some cases an inoculable pus.

10. The soft chancre is a tolerably grave local lesion. It has a great tendency to ulceration; very irregular in its course; does not tend to heal of itself like the indurated chancre. It is relatively very frequently complicated with phagedena and gangrenous state.

11. The soft chancre is purely a local accident.

12. It is transmissible to animals.

A person can confound an indurated chancre in its birth with herpes, but the confusion can be avoided if they remember that herpes is always multiple, disposed in groups of vesicles to which succeed superficial excoriations, while the indurated chancre is almost always solitary. The herpes is a lesion at first vesicular, then ulcerous, relatively dry, pseudo-membranous; besides, the herpes is never accompanied either by induration or sympathetic swelling of the glands. A mucous patch just commencing can also be mistaken for an indurated chancre in debut; this can be avoided by examining the patient closely for some concomitant phenomena, such as roseola, sore throat, etc. Besides, the mucous patches are never indurated, and are very rarely accompanied with swelling of the glands, particularly if it is a relapse; again, the characteristic false membrane of the indurated chancre does not resemble in the least the gray pellicle which covers the mucous patch.



Small, gummy, isolated, ulcerating tumors sometimes resemble perfectly an indurated chancre in everything except the swelling of the glands. Indurated chancres have often been mistaken for epithelial cancers, and vice versa; differential diagnosis: the chancre is always accompanied with swelling of the glands, which takes place rarely with this form of cancer. The cancer is very slow in its course, and if the chancre exists beyond its ordinary duration it will be accompanied by secondary symptoms. Cicatrization of herpes, particularly with caustic potash, gives an indurated ulcer which often deceives the most expert, and makes them think that they have an indurated chancre to deal with. The soldiers often employ this means in order to obtain their discharge from the army; in any case the absence of the swelling of the glands will remove all doubt.

*Prognosis.*—As far as a local lesion the indurated chancre has not ordinarily any grave consequences, as has been said already in this letter. There are, however, several cases on record where patients have been rapidly debilitated, and finally hurried into the grave from this seemingly trivial but fearful scourge of man.

The chancre is followed more or less quickly by apparent manifestations of syphilitic diathesis, which constitutes what M. Ricord calls confirmed syphilis. It is very rare that six months pass without seeing these ordinary consequences of an indurated chancre.

The different secondary and tertiary symptoms only succeed each other at determined intervals. Mr. McCarthy, M. Bassereau, and M. Fournier, have all published statistical tables of these evolutions; they all present to each a remarkable concordance.

A TABLE, AFTER MM. BELLEHOMME AND MARTIN, GIVING THE TIME FOR THE APPEARANCE OF SECONDARY AND TERTIARY MANIFESTATIONS.

| DENOMINATION OF THE ERUPTION.                        | The most ordinary time required for their appearance. | The earliest time of their appearance. | Latest time. |
|------------------------------------------------------|-------------------------------------------------------|----------------------------------------|--------------|
| Roseola.....                                         | 45 days.                                              | 25 days.                               | 12 months.   |
| Syphilide papulous.....                              | 65 days.                                              | 28 days.                               | 12 months.   |
| Mucous patches.....                                  | 70 days.                                              | 30 days.                               | 18 months.   |
| Syphilide vesiculous.....                            | 90 days.                                              | 55 days.                               | 6 months.    |
| Syphilide pustulous.....                             | 80 days.                                              | 45 days.                               | 4 years.     |
| Rupia.....                                           | 2 years.                                              | 7 months.                              | 4 years.     |
| Syphilitic iritis.....                               | 6 months.                                             | 60 days.                               | 13 months.   |
| Syphilitic sarcocele.....                            | 12 months.                                            | 6 months.                              | 34 months.   |
| Periostitis.....                                     | 9 months.                                             | 4 months.                              | 2 years.     |
| Syphilide tuberculous.....                           | 3 to 5 years.                                         | 3 years.                               | 20 years.    |
| Syphilide of the serpiginous form.....               | 3 to 5 years.                                         | 3 years.                               | 20 years.    |
| Gummy tumors.....                                    | 4 to 6 years.                                         | 4 years.                               | 15 years.    |
| Affections of the nails.....                         | 4 to 6 years.                                         | 3 years.                               | 22 years.    |
| Free exostosis.....                                  | 4 to 6 years.                                         | 3 years.                               | 20 years.    |
| Osteitis alteration of the bones and cartilages..... | 3 to 4 years.                                         | 2 years.                               | 41 years.    |
| Destruction of the bones of the palate.....          | 3 to 4 years.                                         | 2 years.                               | 26 years.    |
| Secondary lesion of the thumb.....                   | 70 days.                                              | 50 days.                               | 18 days.     |

The several forms above of secondary and tertiary accidents succeed each other very near after the above order. Some writers go so far as to say that the above is nearly mathematical. "They follow," says Mr. McCarthy, "a gradual progression from the superficial layers to the most profound." It is useless to add that a mercurial treatment well administered can modify them much, retard, and prevent altogether their appearance.

M. Bellehomme thinks that there are benign and grave forms of syphilis. He says: "I believe that the volume of induration and its duration beyond the ordinary time are symptoms of a syphilis which will continue a long time, and the lesions will be numerous and persistent."

*Treatment.*—If we admit that the chancre is "the first manifestation of the syphilitic diathesis," it is absolutely useless to speak here of the former, but now defunct, abortive treatment of M. Ricord; if it is not hurtful, it is at least useless, as we have already seen that its tendency is to heal of its own accord. It should be kept clean in the commencement, and when it has reached the condition of "state," a light, exciting wash—aromatic wine—should be used, and it should be lightly touched with nitrate of silver. As for

the general treatment I have but little to say ; there are two medicines, mercury and iodide of potassium, used of course very extensively here. The first for the early stages, and the latter for other stages, tertiary.

A favorite prescription of corrosive sublimate, is as follows : Deutochloride of mercury, 1 gramme ; pure water, 900 grammes ; rectified alcohol, 100 grammes.

Here I must cease. If this compilation has benefitted any, I am fully paid for my time and trouble.

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## BIBLIOGRAPHICAL.

*Essentials of the Principles and Practice of Medicine, a Handy-Book for Students and Practitioners.* By HENRY HARTSHORNE, M. D., Professor of Hygiene in the University of Pennsylvania, Auxiliary Faculty of Medicine ; formerly Professor of Practice of Medicine in the Medical Department of Pennsylvania College ; lately Physician to the Episcopal Hospital of Philadelphia ; Fellow of the College of Physicians of Philadelphia ; Member of the American Philosophical Society, &c. &c. Philadelphia ; Henry C. Lea, 1867.

We have here an octavo volume of 417 pages, which professes to give us the "essentials," i. e. what should at least be known by every medical man, of the principles and practice of medicine, and we must confess that the author has accomplished a confessedly difficult undertaking, as well perhaps as it was possible to do such a thing. That man who proposes to himself to condense within the limits of a work like this the immense subject of which it treats, except at the sacrifice of the first excellence of writing or speaking, viz : perspicuity, must be possessed of a faculty of condensation

that falls to the lot of but few. Whatever is worth doing at all needs to be done well; a smattering knowledge of medicine is now the bane of the profession, and it is such knowledge that works like this necessarily impart. Our system of medical education, it is true, is subservient to, if not responsible for superficial professional attainments, and perhaps in this regard we are on an equal footing with the other so-called learned professions, all partaking of the nature and spirit of our young institutions, and influenced, to a great extent, by our peculiar political system. But these considerations are no apology for faulty books; there is no compulsion to authorship—the demand for books in every department of medicine is amply supplied. It may be that the work of our author is an improvement upon its predecessors in the same line; we confess to a want of information on this point, for we have entertained a life-long prejudice against labor-saving machines in the matter of knowledge—indeed we are incredulous as to there being any short or easy roads to its attainment. We have never consulted one of those learning-made-easy books, except on one or two occasions during the late war when some cramming was to be done, and Neil and Smith was the only thing in the shape of a book that was accessible. These strictures are not intended for this work alone—it has simply furnished an occasion for the expression of our views upon all works of its class. We can conceive of no utility in compends except as suggestive aids to students or others cramming for examination, and even for this purpose, the student must possess a certain degree of familiarity with the subjects treated before he can derive any substantial benefit. For practitioners of medicine, we deem such works entirely unsuited—the subjects are so cursorily disposed of that we rise from their perusal dissatisfied and discontented, and thirsting for more thorough knowledge. Some physicians there be indeed, whose whole attainments consist of this kind of surface knowledge—who know a little of everything and nothing

well—who require but a glance at a subject to satisfy their every want. For such we would recommend an epitome upon every subject.

As to the merits or demerits of the particular work before us we have this to say in advance: that there is no difficulty in ascertaining where the author stands (to use a familiar phrase) upon any subject he discusses—not a particle of ambiguity in the expression of his opinions. Indeed, there is a decided element of dogmatism running through the work, which is objectionable in a book which will be mainly used by tyros in medicine. There are many opinions and theories in medicine which are received and pass current as such for want of more accurate information; but at the same time, the learner should be informed that such opinions and doctrines may be accepted or rejected, as the advancing light of science may dictate. What is known in medicine should be carefully eliminated from what is unknown or conjectural, and a knowledge of their respective limits is the first substantial step in medical knowledge. We *know*, for example, an abortive treatment for malarial fever—we do *not know* such a treatment for typhoid fever, and the latter knowledge is just as important as the former. But a condensity of statement was essential to the plan of the work, and we, therefore, acquit the author of the charge of dogmatism. Indeed, we are free to confess that, in our humble opinion, a compend—a condensed or abridged statement of any subject or science—is the most difficult task of authorship, and requires talent of a rare and peculiar order. We feel satisfied that, had our author employed his capacity and experience in preparing a complete work on the principles and practice of medicine, he would have accomplished an undertaking that would have redounded far more to his credit and reputation than the work before us.

In regard to the grammar and style of the book, we must confess that they are not to our taste. Whether so or not, it bears the impress of having been prepared in a hurry.

There is a boldness and dash, a sort of reckless, don't-care spirit manifest in the style which we do not admire in a medical book. It reminds us somewhat of Prof. Meigs' style, in his celebrated letters to his class, "*Woman and her Diseases*," which received such reprobation from the medical press that the violation of good taste perpetrated in that work has not, to our knowledge, been repeated. Take an example: We open the book at page 97, and find the words "imperfection," "debilitation" and "desiderated" in one paragraph; in another place, "balancive" for balancing; and again: "I believe that a sound 'theory of medicine' may be expressed in a single paragraph, thus:—vital OPTIMISM is the aggregate tendency of all the forces of the living organism, under the controlling influence of *life-force*. But, the *best possible* result in a given case may, from its CONDITIONS and *circumstances*, fall far SHORT of *health*. Medicine, then, is to *favor or supply those conditions which, under natural laws, allow or promote the BEST RESULT*." There are innumerable evidences scattered through the book of this straining at effect on the part of the author, or of his fondness for using big words—*sesqui-pedalia verba*. There is a want of ease or grace in his sentences—an awkward, bungling manner of expressing himself—that is painful to the reader; but still more censurable are the numerous and glaring grammatical errors with which the book abounds. Speaking of the treatment of inflammatory croup, we find, for example, the following: "Warm poultices, or cloths wrung out of cold water (which soon *becomes* warm when applied) may be applied to the throat." Now we are well aware that our author knows the difference between the singular and plural number, and that a plural nominative case must not be united with a singular verb. His work satisfies us that he is an educated man, and yet there is scarcely a page of it that does not exhibit a perfect contempt for the rules of grammar and good taste. Our author's views of pathology and treatment we regard objectionable

on many points. We had hoped that the race of authors who advocate the indiscriminate use of the lancet, antimony and mercury, *et id omne genus*, in the treatment of acute disease, had either died out or passed into their serene and venerable dotage; that our eyes would not again behold a new work on the practice of medicine that sought to perpetuate these views. But we were mistaken. Dr. Hartshorne is a staunch believer in the old *régime*; he loves Bennett less than he does Rush; he accepts, indeed, and gives us a very full account of all the improved methods of treatment, but the new pathology, which ignores the so-called anti-phlogistic remedies, he will have none of. We cannot recommend your book, therefore, Doctor; we disagree with you *in toto* on these fundamental points; we would not have your book put into the hands of medical students (for whom it is intended) for the reason that it perpetuates what we believe to be grave errors.

And first on the subject of pneumonia, among its symptoms our author mentions delirium as of "*common*" occurrence. This, according to our observation, is not true: delirium does exist sometimes in pneumonia, but not often, and is of grave import. Hippocrates long ago recognized the serious prognostic significance of this symptom, and left us an aphorism on the subject: "*delirium in pneumonia est malum.*" But it is to his treatment of pneumonia that we desire to direct attention. "I am convinced," says Dr. H., "by experience, that prompt and moderate antiphlogistic treatment may greatly lessen the danger of pneumonia, if not shorten its duration. Probably five cases in six would recover without the abstraction of blood; the sixth might die for want of it. I believe that the mortality of pneumonia has increased in Philadelphia since blood-letting has been so generally abandoned. \* \* \* \*

\* \* \* \* Old persons, and those of feeble system, will neither bear nor require it." Now whether the mortality from pneumonia has increased or diminished in

Philadelphia in consequence of the general abandonment of venesection we know not; nor does this *ipse dixit* of our author relieve our doubts—a few facts and figures would have been much more satisfactory in the settlement of the question. An opinion like this, founded, perhaps, less upon facts than bias and prejudice in these days of statistics and accurate observation, passes like the idle wind, and is worth simply nothing in the adjudication of a great controverted question. In the above extract we have advocated the indiscriminate use of V. S. in all cases of pneumonia, except in the feeble and aged, for the reason that whilst five cases would recover without it, the sixth might die for want of it: that is to say, because one in six requires blood-letting, therefore all must be bled. Would it not be better to tell us how we should ascertain this sixth case that requires the lancet? to give us some rules or indications by which we could determine when to employ or omit this remedy? Fleishman, of Vienna, under the *nihilismus* treatment, lost but one in sixteen cases; Dietl, of the same city, experienced about the same result from putting his patients to bed and feeding them properly, and giving *no* medicine. Here was a fair test of the vain-glorious humbug, yecept homeopathy. Prof. Bennett, of Edinburgh, lost one in thirty-two and a quarter cases on the restorative treatment, the number treated being one hundred and twenty-five, running over a period of sixteen years' service in the Royal Infirmary of that city. Of these one hundred and twenty-five cases, twenty were complicated with different affections, and one hundred and five uncomplicated; of the latter not one died, although in fifteen of them the whole of one lung, and in twenty-six portions of both lungs, were involved.

From these data Prof. Bennett very properly concludes that "the first great fact which the preceding figures serve to establish is, that simple primary pneumonia, whether single or double, if treated by the restorative plan, is not a fatal disease. Surely one hundred and five cases, of which



twenty-six were double, are sufficient to establish this proposition, especially when it is considered that they were diffused over sixteen years, and occurred in all seasons. Among these also the whole of one lung was involved in no less than fifteen cases, and the symptoms in many of them were exceedingly severe. Neither will anything as to the strength of constitution, or change of type, explain the result, as several of the cases were those of healthy, vigorous young laborers, whilst others were those of weak and broken-down seamstresses. In any and every case the disease goes through its natural progress, if the system be not too much exhausted, either naturally or by the interference of the physician; and if a judicious restorative treatment be adopted."

Although this is not the proper connection in which to give Prof. Bennett's views in full on the pathology and treatment of pneumonia, we cannot refrain from presenting a brief outline of a treatment which gives us such remarkable results.

"For palliating symptoms, and especially pain and dyspnoea, warm fomentations and poultices I believe to be the best and safest remedies. Chloroform has been given by Varentrapp, and others, with good effect. No doubt small bleedings, to the extent of 8 or 10 ounces, give relief; but in debilitated persons they are dangerous, and in all tend, by weakening the strength at a period when the depressed system is struggling to gain its equilibrium, to prolong the convalescence and favor dangerous sequellæ. Still, a small bleeding may be employed as a palliative with caution, to relieve engorgement of the lungs, and congestion of the right side of the heart, although it is very rarely required. It should be remembered, in cases of double pneumonia, that there is often great dyspnoea on the sixth or seventh day, which will generally yield to warm poultices locally, and moderate doses of wine.

As a curative treatment, I am satisfied that the best plan

is rest in bed, nutritive drinks, especially good beef tea, *from the first*, assisted by 4 to 8 oz. of port wine, if the pulse becomes weak, and solid nutrients as soon as they can be taken. The elimination of the exudation may be further assisted by salines, (Acetate of Ammonia, and small doses of Tartar Emetic, 1-16th of a grain) and diuretics (Nitric Ether), although nature will accomplish this herself if the strength of the body be maintained. All active purgatives, contra-stimulants, depressants, anodynes, and lowering remedies of every description, should be avoided."

Now, we would frankly ask the candid reader whether he loses but one in thirty-two and a quarter cases under his treatment of this hitherto considered dangerous disease? We are quite sure that the so-called antiphlogistic treatment has afforded no such favorable results in our hands, and hence have virtually abandoned it. Why is not this conservative treatment generally adopted? is not Bennett's veracity to be relied upon? he is not alone in these views—hundreds of others, the flower of the profession the world over, daily practice and teach a similar doctrine. From time immemorial, dogmatism and pride of opinion have been the great obstacles to the dissemination of truth. Who does not now believe that a do-nothing treatment of typhoid fever is better than the heroic course in vogue thirty years ago, which consigned so many to their graves? and yet it is well known that many physicians adhered to that course until actually driven from it by the public opinion of their patrons. We see, even to this day, in almost every community, specimens of this class of obsolete practitioners, who have been utterly abandoned by public patronage because of their adhesion to the old practice of puking, purging and bleeding. Now, is it not just possible that other acute diseases besides typhoid fever do not require—nay, even do not tolerate, active interference? We believe so, and could give our reasons for such belief, but this is not the place nor the time.

On the subject of "true croup," our author is equally unfortunate. "Pseudo-membranous, or true croup, does not generically differ from inflammatory croup; of which it is only a grade or termination; *i. e.* any case of inflammatory or catarrhal croup *may* end in the exudation of coagulable lymph within the air tubes. Whether this shall occur or not, in any given case, depends, *a*, on the degree of inflammation; *b*, on the state of the blood of the patient; *c*, on the treatment." If we understand the text, it is here taught that the presence of the membranous exudation depends upon the *degrees* of the inflammation, and that its formation may be prevented by treatment. That is to say, that this peculiar fibrinous exudation may occur in *simple* acute laryngitis if the inflammation be intense in degree or not prevented by antiphlogistic treatment. This, in our opinion, is totally erroneous pathology, and tends to mischievous results in practice. The term croup is vaguely used in medicine: it is employed to express three distinct and dissimilar pathological conditions. 1. The spasmodic croup, the essential pathological element of which is spasm of the laryngeal muscles without inflammation or exudation of any kind. Spasm of the glottis would be a better name for this condition than croup. 2. Acute simple laryngitis, which gives rise to the croupal symptoms of hoarse, ringing cough, and loud, noisy breathing—the croupal phenomena in this disease depend mainly on spasm of the laryngeal muscles. 3. Exudative laryngitis, or true membranous croup, *i. e.* a specific inflammation of the larynx, attended *ab initio* with fibrinous exudation upon the laryngeal mucous membrane. Now, in regard to the second form, no matter how intense the inflammation, we hold that it is never attended with the plastic exudation which constitutes the pseudo-membrane of true croup. The symptomatic fever is always higher in this form of laryngeal inflammation than in true croup, so that if the membranous exudation depended upon the *degree* of inflammatory action, we would

generally have it in acute simple laryngitis. Whilst plastic exudation is not one of the pathological elements of this disease, it is nevertheless a serious condition. There may be thickening of the mucous membrane and sub-mucous infiltration to such an extent as to seriously obstruct the rima glottidis, and thus, as happens in true croup, endanger life mechanically. It is here that the anti-phlogistic treatment—if indeed there be any combination of remedies worthy of that appellation—is imperatively demanded. The inflammation must be *jugulated*, if possible; and it is here that we would faithfully employ our author's treatment for true croup. It must be admitted, however, that a vigorous anti-phlogistic treatment is consistent with his pathology of croup—if it be due to the intensity of the inflammation, the rational object of treatment is to subdue it. But it does not depend on the severity of the local phlegmasia, but on “an underlying, special, constitutional, morbid condition.” What, then, are the objects of treatment in true croup? The plastic exudation takes place early—generally before the patient is seen by the physician—no measures then need be resorted to with the hope of *preventing* it. What becomes of the exudation? It is exfoliated by a suppurative process taking place between it and the subjacent mucous membrane. The rational object of treatment, then, is to promote this vital act of exfoliation, which depends upon the strength and vigor of the system, and which will certainly take place in due course of time, if the patient is not previously cut off by mechanical obstruction of the glottis.

Does our author's anti-phlogistic treatment promote this vital act of separation? We believe not; and further, that the great mortality of the disease is due to a mischievous treatment, based upon an erroneous pathology. Vomiting and purging, leeching and bleeding, calomel and antimony, are not well calculated to preserve the vital energies in a disease of self-limited duration, and the result of such practice does not tend to encourage its continuance.

We will conclude our notice of the work before us by a few observations on the author's treatment of remittent fever. "As soon as the violence of systemic excitement has been moderated," (and this is all italicized) by purgatives and blood-letting, we *may* begin with quinine, but unless some malignancy is suspected, a single grain every two hours, or, at most, but a grain every hour, will be sufficient. Need we tell our Southern readers that this is all nonsense! Suppose the remission lasts but a few hours—three, or four, or five, or six—how much quinine could be taken before the accession of the next paroxysm? Why, five or six grains, at most. Ah, Doctor, we can tell you, our overseers down here can do better than that with malarial fevers.

Notwithstanding our objections to the "essentials"—and we regret that there should have been any—it contains a vast amount of useful information, compressed and condensed into a small compass, and is verily *multum in parvo*.

D. C. O'K.

## EUROPEAN CORRESPONDENCE.

PARIS, FRANCE, OCT. 25th, 1867.

*Report of a Case of Vesico-Vaginal Fistula.* Operation by DR. J. MARION SIMS. Treatment of Amputations by Exclusion of Air; Description of Apparatus; Advantages Claimed for it over the Ordinary Method.

*To Editors Atlanta Medical and Surgical Journal:*

A few days ago I witnessed the result of an operation upon a case of Vesico-Vaginal Fistula, which I had watched with much interest, both on account of the extent of the

fistula, and because I was glad to be able to avail myself of the valuable experience of the operator, Dr. J. Marion Sims. As Dr. Sims is an Alabamian, many of your readers know him personally, and will, doubtless, feel interested in a brief report of the case.

The fistula was transverse, and very large, measuring nearly three inches in length. The upper part of the vesicovaginal septum was entirely gone, no vestige of the vaginal tissue remaining attached to the cervix uteri, so that much more of the anterior part of the organ was exposed to view than it is possible to see under any other circumstances. The anterior part of the cervix also had been partly destroyed by sloughing, and the angles of the fistula were firmly bound to the inner face of the pubis on both sides by cicatricial tissue, rendering the parts immovably fixed. Of course you will agree with me in regarding this a very unfavorable case, which required more than ordinary skill to effect a cure. Dr. Sims said it was, taken all in all, one of the most difficult cases to operate on; yet he promised to cure it by one operation, and did it. The operation required a little more than an hour—a long time for him. Eleven or twelve ligatures were used, which were renewed on the ninth day.

This operation was performed in one of the hospitals here, and is the ninth hospital in which he has been invited to operate, in this city, an honor to which his superior skill and ability justly entitle him; and more just will the last remark appear, when the fact is taken into consideration, that it is only in the most difficult cases, where a cure is almost despaired of, that his services are called into requisition.

The new mode of treating amputation, by excluding air, I have seen at the l'Hôtel Dieu, in the wards of M. Maisan-nerve, who manifests great enthusiasm, when speaking of the benefits to be gained by its adoption. Up to this time, I have seen but three cases under treatment; and, there-

fore, am not fully prepared to give my views on all the advantages claimed for it. I will, however, give you a description of this apparatus, and enumerate some of the advantages which this method of treating amputations is said to possess over the one usually adopted by surgeons.

It seems that M. Jules Guerin first conceived the idea that, to prevent decomposition of the fluids poured out by the stump, and secure the most favorable result, it would be necessary to exclude the air. This agent, he contended, holds certain elements in suspension, of organic origin, which cause the decomposition of the *liquor sanguinis* and healthy pus, thereby interfering with the healing process, and, at the same time, endangering the life of the patient from absorption. Entertaining these views, he first applied the principle of excluding the air, by an apparatus much more complicated than the one in present use. M. Maisannerve simplified and improved the apparatus by establishing a drain, so that in addition to excluding the air there is a drain for the stump.

Inclosed you will find a rough drawing of the apparatus, taken at the bed-side, which will render its "*modus operandi*" intelligible at a glance. In the first place, then, it is composed of a cap of caoutchouc, or India rubber, in the shape of an ordinary bell jar, of convenient size to slip over the stump; leading from this cap is a tube of the same material, three feet in length, which opens through a stopper into a glass reservoir. Passing out from this reservoir, through the same stopper, is a second tube of the same length, to the end of which is attached a small air-pump. These, then, compose the different parts of the apparatus, which M. Maisannerve calls the "machine aspiration pneumatic."

When the cap is placed over the stump, and the air exhausted by the pump, the flaps are brought into perfect apposition by the atmospheric pressure from without, and, at the same time, the drain is effected by the vacuum created in the reservoir. Here, then, we have the application of two principles—the exclusion of air and a drain. Now, by means of these principles in the application of this apparatus, it is believed that many of the accidents which frequently follow amputations, such as phlegmonous erysipelas, phlebitis, pyæmia, and the burrowing of pus, will be very much lessened, if not entirely prevented. Its action, for instance, in preventing the burrowing of pus, is easily ex-

plained, when it is remembered that the pressure exerted by the atmosphere from without, prevents the flaps *bagging*, and retains them in such close apposition as to prevent its accumulation. And, in addition to this, there is the drain, which effectually removes all fluids from the stump, and discharges them in the reservoir. In the same manner is its action explained in preventing phlegmonous erysipelas, phlebitis, and pyæmia, from the absorption of decomposing animal matter. But better still will be the action of its apparatus, if it can be made to secure union, by the first intention, in all cases, as some of its advocates anticipate. The "*ultima thule*" of operative surgery will then be attained. But my observation does not lead me to believe that it will be secured in all cases. It may, perhaps, be urged, that the force exerted, or the pressure on the part, in the application of this treatment, will interfere with the circulation and nutrition of the limb. But the same reasoning applies to the application of a bandage. The force necessary to be used depends, in the one case as in the other, upon the judgment of the surgeon. The pressure upon the part is considerable, it is true; but applied equally, instead of being a disadvantage, it has certainly acted beneficially in preventing the usual amount of exudation and inflammatory action, in the cases under my observation. This, of itself, is a great desideratum, as the cure is hastened, and the suffering of the patient very much diminished. The same advantages could be claimed for this mode of treatment in wounds of the trunk. But as yet no use has been made of it, so far as I am aware, owing to the difficulty of making the application; for if it should be applied to a wound situated there, its action would be similar to that of a cupping glass in displacing the soft parts, and render its adoption impracticable. To make the apparatus available in treating a wound, the part, or limb, must be surrounded by the cap, in order to distribute the pressure equally on all sides.

W. J. ARMSTRONG.



## TO OUR READERS.

What may be said in connection with the pecuniary liabilities of our patrons, we wish read and remembered by all indebted for the JOURNAL, as addressed to each, individually.

With this number, though not the last of the volume, we close the monthly issue for the year 1867; making *twenty-two* consecutive months, since the war, the JOURNAL has been furnished, at a cost of no small amount of labor, and a heavy pecuniary outlay. These things are known, it is true, to every reader of the JOURNAL, should his mind be directed to the subject, but the difficulty is, that each considers his indebtedness a small matter—not sufficient in amount to relieve the total embarrassment of the Editors—and, therefore payment is postponed indefinitely. This, no doubt, is the real cause of delay with many, and is our charitable construction of the conduct of all; for we would hesitate to believe that any member of the profession would receive and read the JOURNAL regularly with the deliberate intention of defrauding. Many, doubtless, fail to pay on account of doubt as to the amount due, and defer inquiries to some convenient time. To all such we say, if the first number was received in 1866, you are due this office \$8 00, less the amount you have paid, and if your subscription commenced this year, you owe \$4 00, unless you have paid it. When you have received twelve numbers, without payment, and wish to continue, you should send us \$8 00, as subscriptions are due in advance.

Remember, friends, *individually*, that when you have received a volume of twelve numbers, you have appropriated four dollars' worth of our property, (by our consent, of course,) the money for which we very much need. If all will determine to send on their dues before Christmas, and carry out that determination, you will not be inconvenienced by so small an amount for each, but will enable us to meet our engagements.

# To the Medical Faculty.

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# ATLANTA MEDICAL COLLEGE.

The next regular Course of Lectures in this Institution, will commence on the first Monday in May next, and continue until the last of the following August.

The Faculty, in making this Annual Announcement, are gratified in being able to state that the College building has undergone thorough repairs and has been re-supplied with appliances for instruction in the various departments of the College. They congratulate themselves in being able to place through a munificence timely bestowed, to make the necessary expenditures, and to place the Institution in a condition to afford the facilities of teaching, heretofore offered to the public, previous to the war. In every particular, the building has been restored to its former condition.

The Amphitheatre, so important to demonstrations in Anatomy, Surgery and Obstetrics, and which was torn up during the war, has been substantially re-fitted, with a decided improvement in the form of construction.

In the Chemical Lecture-room, raised seats, affording perfect view of experiments, and other fixtures connected with the Laboratory, have been placed; also, in this department, such apparatus, chemicals, etc., as are necessary to facilitate the study of Chemistry, have been supplied. In short, the College is furnished in every department with Apparatus, and other appliances required in the Institution, for thorough instruction in the various branches connected with the study of Medicine.

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November—8m

Vol. VIII.

JANUARY & FEBRUARY, 1868.

Nos. 11, 12.

ATLANTA

Medical and Surgical  
JOURNAL.

NEW SERIES.

EDITED BY

J. G. WESTMORELAND, M. D.,

*Professor of Materia Medica and Therapeutics in the Atlanta Medical College.*

W. F. WESTMORELAND, M. D.,

*Professor of the Principles and Practice of Surgery in the Atlanta Medical College.*

AND

J. M. JOHNSON, M. D.

*Professor of Physiology in the Atlanta Medical College.*

*Pax et scientia, sed veritas sine timore.*

PUBLISHED BIMONTHLY AT \$3 PER ANNUM, IN ADVANCE

ATLANTA, GA. :

PRINTED AT THE ATLANTA INTELLIGENCER BOOK & JOB OFFICE.  
1868.

Postage 36 cts. a year, pre-paid quarterly. Postmasters are requested to comply with the law, by giving us notice when the Journal is refused at their Offices.

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# ATLANTA Medical and Surgical Journal.

NEW SERIES.

VOL. VIII.

JANUARY, 1868.

No. 11.

## ORIGINAL COMMUNICATIONS.

### ARTICLE I.

*Carbuncle: Its Pathology and Treatment.* By JOHN M.  
JOHNSON, M. D., of Atlanta, Ga.

The etiology of this disease is too obscure, and our knowledge of the remote origin of it too uncertain to warrant even speculation on the subject. It is true that the pathological conditions surrounding it, point unmistakably to nervous changes, and scarcely leaves room to doubt that it has its origin in nervous degeneration, beginning in the nerve cells of a particular centre, involving the filaments fed by them, and on the principle of election depositing the waste molecular matter in the skin, where the disease manifests itself, or what is equally probable, the functions of the minute nerves being impaired, inertia of the capillaries may follow, with congestion, and carbuncle as the result.

I have never seen carbuncle attack the thin skin. Generally it attacks the nape of the neck, back and nates. Out of one hundred and thirty cases treated by me, I have never seen one on any other locality. Instances of this are given,

however. Boils and Erysipelas have the same pathological origin, and with modifications as to locality and violence, require the same general treatment.

Another theory, scarcely less plausible, is the presence of acids, both in the nerves and fleshy substance, as a consequence of mental or physical labor too long continued, or under too great difficulties. We might readily trace eruptive diseases, pneumonia, typhoid fever, &c., &c., to this cause, but there would be difficulty in always locating carbuncle in the thick skin, and scarcely even in the thin parts of it, by this theory.

Certain it is, that preceding the developement of carbuncle, there is always considerable constitutional disturbance, as characterized by irregular pulse, flashes of heat, scanty and acrid urine, or it may be abundant and clear, variable appetite, headache, liability to colds, restlessness, unrefreshing sleep, nervous depression, &c., &c.

Carbuncle is inflammation of the true skin. It begins with a small red point, which rapidly swells to an enormous size. From the first it is pungently painful, and although a mere speck at the beginning, the pain embraces an extended surface, and is of the most aggravated kind and degree. The skin thickens to the extent of more than an inch. As it enlarges, the number of specks upon the surface increases. They discharge a yellowish matter in small quantities. These yellowish specks are found throughout the diseased skin, down to the healthy substance below, and is one of the prominent tests of its true carbuncular character.

*Treatment.*—After the development of carbuncle, if there has been no previous treatment, catharsis should be produced, if the bowels are sluggish, which is generally the case. After which:—

R—Mild Chlo. Mercury, gr. x.

Sach. Alba., gr. x.

Make powders, x.

One to be given three times daily.

R—Muriated Tinct. Iron, ʒ ii.

Quinine, ʒ i.

Mix and dissolve. Then add—

Aqua. pura. ʒ ii.

Mix. 1 teaspoonful every three hours.

In addition to this, a free crucial incision should be made through the thickened skin, and the gaping wound will make it apparent when you have reached the bottom; then place lint between the edges and a strong ley poultice over it, and healthy supuration, followed by healing, will take place.

For the purpose of perfect restoration I give for ten or fifteen days the following:—

R—Strychnine, gr. ii.

Quinine, ʒ i.

Iron by Hydrogen, ʒ i.

Mix for pills, xxx.

One, three times daily.

I hold the belief that this family of diseases are of malarious origin, or owe their existence to like causes.

Light, unirritating, but nourishing food, should be given, with wines and cordials, if they do not disagree with the stomach or interfere with the comfort of the patient.

Prof. Syme objects to stimulants in this complaint. His objection is not well taken. Sometimes they are inadmissible; generally they are useful.

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## ARTICLE II.

*A Fatal Case of Unnatural Labor.—Death resulting from the base Mal-practice of an ignorant Negro Midwife.* DR. W. C. BELLAMY, Columbus, Ga.

Witnessing the horrible case, a history of which I am about to relate, the question naturally presents itself: How



long will the law of the land leave the lives of valuable individuals not only in the hands of charlatans and quacks, but, also, even worse, in the hands of ignorant and illiterate negroes? I say leave lives in their hands, for it is nothing more. Is it not equivalent to sanctioning it when they do not forbid an ignorant old negro woman set herself up to practice midwifery when she knows no more about the formation of the pelvis, (not even the meaning of the word) and the functions of the womb and appendages, than she does about manufacturing a watch? And then another question here presents itself: How long will it take those, even, who pass for intelligent white men, to learn the danger of trusting their wives in the hands of such miserable creatures? You cannot find a man in the State who would give his watch to an old negro woman to repair; and yet I am sorry to say, it is but too often the case that they will allow one to deliver their wives, when they know no more about one than the other.

But to the case in point, which is one of unusual interest, because of such rare occurrence, and so severe in its consequences.

On Monday, October 14, I was called from dinner to see a negro woman in labor. On my arrival, I found her very much exhausted, with strong, rapid uterine contractions, and the left arm of the child hanging out of the vagina, the parts very much swollen, and the child firmly impacted in the inferior strait and vagina. Upon inquiry, I found she had been in labor ever since the Saturday night previous, the liquor amnii having escaped at that time, and the arm of the child *pulled out* by the old negro midwife in attendance, who professed to know all about it, and opposed calling in a physician, telling her all the time everything was progressing "*all right*."

Finding the arm out, my first impulse was to replace it, turn and deliver the woman. But from the violent and rapid contractions, swollen parts, and impacted condition

of the child, this was absolutely impossible. The patient, suffering such agony, and being so prostrated, I gave her a grain of morphine in a little brandy and water. Finding it impossible to turn the child in this condition, I thought that if the arm was disarticulated at the shoulder, I could then turn it. The child being already dead, which I have neglected before to mention, I felt no delicacy in taking off the arm, and proceeded immediately to do so. But to my disappointment, I found the difficulty not a whit removed. Discovering at this stage that some other means of delivery were necessary, and the patient anxious for rest, I gave her another dose of morphine and brandy, and went out in search of my friend and confrere, Dr. V. H. Taliaferro, for assistance, and to procure craniotomy, or some other instruments. We returned together in about three quarters of an hour, and, after consultation, sent for Dr. M. J. Moses and Dr. J. J. Mason, both for assistance and on account of the unusual interest of the case, and Dr. Edwin DeGraffenreid was also invited to witness the case. Each in turn having made an examination, several thought it possible to turn and deliver, since the arm had been disposed of and was out of the way, but every attempt at it proved utterly futile. We, therefore, decided to eviscerate the fœtus, and, if impossible to delivery, then to dissect it away. I, therefore, took a pair of craniotomy instruments and endeavored to puncture the chest, but the bulk of the child so totally filled the vagina, where it now was, I was unable to pass my hand with the instrument, to the point of puncture. I, therefore, requested Dr. Moses, who had a smaller hand, to make the puncture, which he did near the left nipple. I passed my hand and enlarged the opening, and extracted a small portion of the thoracic viscera, but the impaction was so close, I was compelled to ask the assistance of some of the other gentlemen with smaller hands. After having at last got away the thoracic viscera, the diaphragm was torn asunder and the abdominal viscera extracted, but still the child did

not collapse sufficiently to come away. After various unsuccessful attempts now to deliver, we decided to decapitate the foetus, as we could pass our fingers around the neck. We, therefore, directed with the hand a pair of long bladed bone nippers to the neck, and after several attempts, succeeded in cutting through the cervical vertebræ, though the integuments were not entirely severed. This made the neck, however, more pliant, not so stiff, and capable of being bent upon the body, and after a great deal of trouble, time, patience, and considerable force, it was drawn forth with the blunt hook. After waiting a sufficient time for nature to save me the trouble, till I saw she would not do it, I inserted my hand, (this time with great ease) and took away the placenta, which was already almost, if not entirely detached. I then, by every means I could think of endeavored to establish a proper contraction of the uterus after the delivery, but in vain, the womb seeming to have lost all power to contract, and appearing to be perfectly paralyzed; nor did there follow any discharge of lochia at all. I applied a bandage secundum artem, gave the patient a glass of brandy and water, 2 drachms of powdered ergot, made her comfortable in bed, and bade her take her rest till morning, it now being 9 o'clock at night, we having worked with her from 3 in the afternoon till that time. My professional friends retired, but I remained with her till morning, in case I might be needed. Her pulse was now very quick, but remarkably weak and thready, and instead of any hemorrhage or lochia, there was a kind of dark, sanious fluid slowly dripping away, and with a slight bubbling sound, like air passing through water, whenever she would move. There was extreme tenderness over the whole abdomen, and with this critical pulse, cold extremities and great constipation, I feared the supervention of peritonitis, so I ordered:

Ol. Ricini, ʒ ii.

Ol. Terebinth, ʒ i.

Sig. Take at once.

The nurses told me next morning they gave it and it operated, but they were no less ignorant than indifferent, and I am not sure they told me truth. At any rate, by the middle of the afternoon of Tuesday following the delivery, the pulse had subsided somewhat, the patient was more quiet and rational, and apparently in a more encouraging condition. But from the fact that the tenderness of the peritoneum and the escape of that same dark, unhealthy looking fluid continued, and no uterine contraction, or after pains, or lochia having come on, I very seriously feared a fatal termination. Therefore, after again making various vain attempts to establish the uterine contractions and the discharge of the lochia, I gave her again another dose of morphine, and left her for a few hours. At about noon on the Wednesday following her delivery, I called on my patient, and found her evidently rapidly sinking. She was then almost in an entirely comatose state, no contractions and no lochia having as yet been established. Indeed, I considered her then beyond the reach of all human aid. I, however, endeavored to strengthen her up, and, therefore, gave her brandy and water, beef tea, chicken water, &c., and applied sinapisms to her wrists and ankles, which, however, produced no more effect than if they had been applied to a statue. Her surface, particularly the extremities, were now cold and clammy. I ordered jugs of hot water placed around her, with a view to warming her up, but all to no purpose.

On Thursday at noon they sent for me, with delight telling me she was a great deal better. I went and found her more rational and intelligent, but—not better—and I told them it was only the bright, intelligent moments which so often precede a speedy dissolution. I saw that nothing could be done for her, and consequently left her. In the afternoon they again sent for me, telling me she was worse, and I went to her immediately, (not with the hope of accomplishing any good, but only to fulfill my duty to her,) and found her dying, and at 9 o'clock on Tuesday night, she breathed her last.

This case is recorded, not with a view of adding any improvement in the method of treating such cases, for we discovered in its treatment nothing which can be of any service in the treatment of similar cases. It was evidently a case in the management of which we could not be in the slightest guided by any knowledge heretofore gained, for it was a case entirely peculiar to itself, and in which the physician had to be guided entirely by circumstances, judgment and common sense. There is no rule laid down in the whole course of obstetrics that would apply to this case, nor could one be made. It had to be treated simply upon principles of common sense, and each symptom combatted as it presented itself. Of the five physicians present, not one of them had ever seen a case similar to it in all respects. The only wonder to me in the matter is that the patient did not die under the operation.

The child was a very large one, and the woman also was remarkably well-formed, having a very capacious pelvis and vagina, and the soft parts unusually elastic. I believe, had a physician been called at first, and before the parts became so much swollen and the child so impacted, she might have been safely delivered. The fatal termination of this case shows how reprehensible is the habit of allowing these miserable creatures to impose upon the public. They go upon the principles that the generality of cases go on naturally to a favorable termination, and yet while this is true in the main, they never know when they are going to meet with one which will not, and just so long as they are allowed to go on in this matter, experimenting with the lives of individuals, just so long are they guilty of absolute murder.

## ARTICLE III.

*Gonorrhœa. Its Treatment.* By JOHN M. JOHNSON, M. D.,  
of Atlanta, Ga.

Finding myself so often foiled in the treatment of gonorrhœa under the various methods proposed by authors, I have for many years refused to treat cases unless the patient would consent to go to bed, and lie there until the cure is effected. Not one case in fifty is, in my opinion, cured where the subject keeps on his feet and tries to conceal his condition by attending to his business, as though nothing was the matter. Such cases may, after a while, get well, or a majority of them, but the cure is spontaneous, and owes very little to medication. Of the cases that do not recover in this way, the consequences are deplorable enough, and may continue through life.

My plan of treatment is, first to put the patient in bed, in an airy room, and make him comfortable there; then administer epsom salts and calcined magnesia, equal parts, until the bowels are completely emptied. After which,  
℞—Pulv. Doveri, grs. xlviij, divide into equal portions, xii—one to be given every three or four hours until all are taken. If the ipecac in this preparation produces much nausea, then use opium or morphia in its stead. Also :

℞—Acetate Zinc., grs. xii.

Distilled Water, ℥ vi.

Mix and dissolve.

Inject half a drachm every four hours.

℞—Alum Pow'd, 3 ii.

Toast Water, oz.

Mix and dissolve.

Let the patient drink this *ad libitum*, when drinks are called for.

The balance of the treatment consists in keeping a towel, wet with cold water, constantly to the penis, over the testi-

cles and perineum, and on no account permit him to leave his bed or room for sixty hours.

After this, he will be weak, nervous, and sick at the stomach, but light, well-flavored broths, coffee, tea, &c., &c., will soon relieve these symptoms, and he will be as free from gonorrhœa as if he had never had it.

This treatment applies more especially to recent cases, but will succeed, with slight changes, in all the stages of gonorrhœa. Where there is persistent phlegmonous inflammation, which Ricord meets with nitrate silver, and which, according to that great author, is generally the cause of stricture, and not the powerful remedies used by him, as some assert, I rely instead upon cold water and opium—and I leave it to the candid judgment of the profession, after a careful trial, if the plan suggested above does not cure in every instance, and in one-eighth of the time required by his treatment.

In extreme cases, attended with ulceration, or even excoriation of the urethral surface, nitrate of silver is a most appropriate remedy, but I prefer the caustic bougie, because you can make your application directly to the lacuna magna, or any other part requiring it, more readily with the bougie than by injecting the fluid. I use an ointment of one grain nitrate silver to ten of fresh cerate, or lard, repeated every second day, in connection with the cold water, opium and alum water. This latter remedy has been vastly overlooked as a therapeutic agent in gonorrhœa. It expands the urethra sufficiently for practical purposes, and leaves no bad effects.

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#### ARTICLE IV.

*Galium.* By D. L. PHARES, M. D., Newtonia, Miss.

This genus probably derives its name from the Greek *gala*, (milk,) one or more species, the *G. verum* especially, having

been much used in ancient as well as modern times for flavoring, coloring and curdling milk intended for cheese, and hence called also cheese-reunet. Or the generic name may have come in another way from *gala*, the G. Aperine being used, as Dioscorides tells us, by the shepherds of his time as a filter to strain milk through, and in Sweden for the same purpose, as stated by Linnæus. The specific naeae of this last is from *apairo*, (to lay hold of,) the scrbo us stems, hirsute leaves and hooked, bristly fruit well adapting it to seizing and taking hairs out of the milk, and at the same time giving cause for the common names, cleavers, catch-weed, scratch-weed, &c., the fruit adhering to whatever it comes in contact with. This property of adhering to the clothes and person led the Greeks to call it *philanthropan*, man-lover. Being much relished by geese, it has received the name goose-grass also. The name bed-straw is doubtless from the old form of the verb to strew, strow, straw, one of the species being much used in former times by thrifty English dames to strew their beds with, thus imparting a pleasant fragrance.

This genus belongs to the order Rubiaceæ, and has many properties, both medicinal and economical, in common with the madder. The flowering stems, with alum, dye yellow, and the roots red. These plants are used by the Indians for dying feathers, porcupine quills, &c. At the instance of the British Council of Trade, they were once cultivated like madder, and yielded *fourteen hundred pounds of roots to the acre*. In passing, I cannot permit the loss of this opportunity to say, that as they grow luxuriantly in the Southern States, they might be cultivated with much profit by some of our enterprising farmers, thus varying our crops and increasing our prosperity.

Like madder, they color the bones of birds and other animals feeding on them. The G. tuberosum, we are told, is cultivated in China for the roots, which are cooked whole, or after being reduced to meal; and they are esteemed salu-



brious. The *G. Aperine* and some of the other species have been for ages regarded as "purifiers of the blood," and used in the spring with that view in broths. The juice also has been long in use, both in Europe and America, for scrofula, scurvy, freckles, lepra, and cutaneous eruptions generally. In these affections the infusion or expressed juice is taken internally and applied locally. Scrofulous and other tumors are said to be promptly discussed by taking the juice internally and applying the bruised plant locally. Several species have considerable reputation in the treatment of hysteria and epilepsy, as the *G. verum* formerly, the *G. palustre* in the latter affection specially and recently in France, and in America the *G. trifidum*, (*G. tinctorium*, L.) The galiums are said to be very valuable also in erysipelas, scarlatina, congestion of the spleen, spitting of blood, dysentery, and for dissolving or crumbling down urinary calculi. I have no experience with them in any of the above affections.

My use of them has been in another line of practice, in which I have employed them, in many cases, with very decided benefit—especially the *G. Alperine*, which, however, does not grow in this latitude. It is found in the more northern of the Southern States. There are seven other species growing in the Southern States, most of them widely diffused. Nearly all possess some medicinal properties in common, in greater or less degree; but as they differ in other respects, they should be carefully studied. As they are all rare in my vicinity, I have not had opportunities of observing and determining the special properties of each.

As strong heat dissipates the medicinal properties of the galiums, we may thus account for the fact that some practitioners claim good results, while others pronounce them inert, having used inadvertently a worthless decoction. Cold or warm water extracts the active principle. It may be given in the form of expressed juice, if fresh  $f\frac{3}{4}$  ss, if inspissated, 3i., or infusion,  $f\frac{3}{4}$  ij.—iv., daily, in chronic or subacute cases; every hour or two in those that are

acute, grave and attended with much febrile excitement.

- The infusion is made of the bruised, dry plant,  $\text{℥ iv.}$ , or of the green, *ad libitum*, and water Oij. The water is better warm if the vessel is closely covered till cold.

I have used the galiums in suppression of the urinary secretion, in many cases of inflammation of the kidneys, bladder and urethra, and in several cases of dropsy, with very satisfactory results. The preparations I have used proved powerfully diuretic and refrigerant. In cases of great debility, or a feeble circulation, it might even prove dangerous to exhibit the medicine in large doses, unless cautiously guarded to prevent too much refrigerating effect. A year or two ago I had occasion to prescribe it for a lady suffering very severely with acute nephritis. She complained so much of chilliness being induced by it, that I had difficulty in prevailing on her to continue its use in diminished doses.

It also possesses sedative properties, but how great I cannot now positively state. It is a very good remedy in acute gonorrhœa and prostatitis; and by analogy I would infer for acute inflammations generally of the mucous surfaces.

Although I know nothing of its alleged property of dissolving urinary calculi, I can very well understand how a careless observer might be deceived into the belief. Its soothing, relaxing influence, together with a copious secretion of a bland urine, is capable of removing small concretions from the kidneys and bladder, causing them to pass through the ureters and urethra without resistance of the muscles being excited. I can understand also why and how it might be beneficial in some hemorrhages, dysentery, scarlatina and other fevers, some cases of erysipelas, and other affections. But of these I cannot now affirm anything. Speaking of calculi, in some cases of hæmaturia, especially in connection with pertussis, I have, under the use of soothing diuretics, seen the blood soon disappear and, then in twenty-four hours, two or three hundred calculi dis-

charged with the urine; the calculi varying in size from that of a large grain of sand to that of a small pea. But in these I did not suspect the breaking down of larger calculi, nor do I yet believe there was anything of the kind.

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## EUROPEAN CORRESPONDENCE.

PARIS, FRANCE, NOV. 23, 1867.

*To Editors Atlanta Medical and Surgical Journal:*

It was announced that, on the 4th instant, the course of lectures at the School of Medicine would commence, and accordingly, on the 5th I went to hear Robin, the great French histologist. The amphitheatre was densely crowded with students and physicians, many of whom were doubtless anxious to hear his lecture. We were disappointed, however, for as soon as the Professor entered and took his stand, a number of the students commenced to sing, hiss and imitate all manner of animals, so that if one had to judge of his whereabouts by the sense of hearing alone, he would have supposed himself in a ménagerie, rather than in an institution where science is taught. After several unsuccessful attempts to commence, there was no alternative but to leave. I learned, for I did not go again, that this state of things continued for at least a week. The trouble, it seems, was a dissatisfaction with some changes made by the President, whom they desired to deliver, as heretofore, the introductory address, in order that they might have an opportunity to manifest their displeasure.

During the past year there have been several deaths and one resignation among the members of the Faculty, in consequence of which some new men have been elected. Néla-

ton lectures no more. He has given up his clinic. He seems to be surfeited with clinics and retires loaded down with honors, received from his country and the Emperor. Why is this? Rumor says that he will enter politics—that more honors than have already been bestowed are to be heaped upon him by the Emperor. Be this as it may, for the future his valuable services are lost to the profession.

His resignation and the death of Velpeau have within a few months deprived the profession here of its two greatest surgeons—who have not only stood at the head of their profession in Paris for more than a quarter of a century, but who have by their labors and genius won an enviable reputation in every country. Prof. Jarjavay conducts the clinics of Nélaton at the Clinique de Faculté, and Prof. Gosselin that of Velpeau at the Charité.

I was present at the latter to hear the opening lecture of Prof. Gosselin, who referred touchingly to the memory of Velpeau in these words: "When I took possession," said he, "of the service of surgery in this hospital, I have had to be affected by all the remembrances that I met here. To-day, in speaking in this amphitheatre, I am still more so in thinking of Prof. Velpeau, who preceded me. It seems to me that I am still listening to the remarkable lessons of this great master, of whom I had the good fortune of being a pupil from 1840 to 1843. Velpeau was then in the fullness of his talent, which has known no decline. I was not a beginner, but was at a period of my studies where I could understand and appreciate him. Indeed, I had some tendency to official teaching, but I was far from expecting the perilous honor of succeeding him in the future. I then place myself under the patronage of Velpeau; I will make efforts to imitate him. If it is not given to me to have the same strength of judgment and memory, I hope I shall have the same regularity, the same punctuality, the same conscientious discharge of duty, the same love for the patient, and the same zeal in teaching; and if I ever fail, the ex-

amples left by Velpeau will support and encourage me in the mission I have to fulfill."

I happened, very opportunely, in the lying-in-room of Prof. Dupal, about two weeks since, while there were four cases in labor. Among them was one of more than ordinary interest. She had already been in labor more than forty hours. On the 6th instant, at midnight, she was brought in from the ward; at 11 A. M. on the 7th the membranes were ruptured. The pains continued good up to 1½ P. M. on the 8th, when it was found upon auscultation that the action of the fœtal heart was becoming more and more feeble. The condition of the woman was good, though she was very much fatigued from the protracted labor. A further examination, per vaginum, revealed the os uteri insufficiently dilated to admit of delivery. There were no cicatrices to be found there, nor did there seem to be any interstitial deposit, but the insufficient dilatation appeared to be due entirely to the loss of the bag of waters—the natural dilator of the os.

Under these circumstances, two courses presented themselves, viz: 1st, As the dilatation of the os was insufficient to admit of delivery, to let the labor take its natural course, and hazard the life of the child. 2d, To interfere and endeavor to save the child.

The latter, being clearly preferable, was adopted, and it was determined to deliver at once with the forceps. In order to apply them, an incision was made in the neck of the uterus on both sides with a blunt pointed bistoury. Then the presentation being transverse, with the face to the right, the forceps were applied and the delivery effected at once, the face passing to the front under the arch of the pubis. The child was asphyxiated when born, but respiration was soon established by the ordinary means. The mother has entirely recovered. This favorable result to both mother and child proves the wisdom of the course pursued.

In the surgical ward of the Clinique de la Faculté there

is at this time a very interesting case of popliteal aneurism, in the left leg of a man aged thirty-seven years. It has existed a long time, and reached a size considerably larger than his two fists. Prof. Jarjavy, in whose service he is, treated it by digital compression of the femoral artery above, in order to produce coagulation of the blood in the sack, and thereby cure the aneurism. Compression was kept up for twelve hours, when all pulsation ceased. In four days it returned; compression was used again for six hours. In four days after this last the pulsation returned again; the compression was reapplied for four hours, which has resulted in the obliteration of the sack.

But the most interesting feature in connection with this case is, that in a short time after the last compression, gangrene of the integument surrounding the aneurismal tumor took place at two points, exposing to view the large clot in the sack. This result is both interesting and instructive, and should not be lost sight of as one of the possible results of this method of treatment.

Before this result the collateral circulation, in the superior and inferior, external and internal articular arteries of the popliteal space, was distinctly felt and well established. Nor has the limb below the knee suffered in the least. The sloughing of the integument then, it seems, can only be attributed to the pressure exerted by the clot from within, preventing the free circulation of a supply of blood already deficient in quantity.

A section of the clot presents a fine view of the successive strata of fibrin which have been deposited, their different thicknesses, the ease with which they separate, their elasticity, &c. This tumor is diminishing in volume daily, under the process of suppuration, and thereby increasing the danger of secondary hemorrhage. In my next letter I will give you the result of the case.

W. S. ARMSTRONG, M. D.

PARIS, OCT. 2, 1867.

DEAR DOCTOR—Though I shall always look back with satisfaction upon the months I spent in London, I find Paris affords incomparably greater opportunities for the study of those affections in which I am at present particularly interested. The St. Eugénie and the Hospital Des Enfants Malades, containing between them nearly a thousand beds, are exclusively children's hospitals, and in these institutions the amplest advantages for observing all infantile diseases are afforded. The Hospital Du Midi, of 340 beds, is devoted entirely to venereal diseases, and the St. Louis, with 700 beds, contains at all times almost every example of cutaneous affections. In the latter, venereal cases are also admitted. Besides these special hospitals, there are eleven others for general diseases, making in all fifteen hospitals, with an aggregate of nearly twenty thousand beds. As you are aware, no distinction of color is observed in France, and during my first visit to the St. Louis I observed a fine looking mulatto man amongst Mr. Hardy's students, and in one of the wards I saw by the side of other patients a negro from Cuba. In this hospital there are at present two cases of leprosy, both in young men, and one of them from New Orleans. Another case of this disease, in a girl, has just been sent to the hospital for incurables. In all these cases the disease was of tropical origin. There is also in the St. Louis a splendid case of Elephantiasis Arabica, or Barbadoes leg, often erroneously called leprosy. The patient appeared to be in tolerable health, exhibiting, in fact, no signs of disorder, except in the lower extremities and scrotum. The former are nearly as large as a man's body, and almost as hard as wood. His scrotum is the size of a man's head, indurated, and covered with wart-like excrescences. A man of twenty-one or twenty-two years, without testicles and only the merest trace of a scrotum, and a penis the size of a lead-pencil and only two inches long, presents an interest-

ing case of arrest of development. My attention was called to a woman in whom the left femur was nearly one-half shorter than the right, and who, notwithstanding, walked without perceptible limping. Being the subject of a venereal affection, she was placed on a couch for examination, when, her extremities being exposed, the deformity was discovered. The limb had been badly fractured in her childhood, and from some cause the ends of the bone had been allowed to overlap and induce the shortening of the limb spoken of. The poor woman concealed her lameness by walking with the sound leg immensely bent, impelled, as was suggested by the surgeon in attendance, by her true feminine instincts to hide her deformity from the sex upon whose fancy she depended for subsistence. A case of chronic *eczema rubrum*, in which the cutaneous affection alternated with a most violent and dangerous bronchitis, was shown me. The subject was a man beyond middle life, and the complaint involved both the trunk and extremities. The eczema yielded somewhat readily to treatment, but no sooner was the skin disease subdued than the pulmonary trouble came on, and when that is relieved, out crops the eczema again.

The treatment for itch and the remedy for favus at the St. Louis might be classed with the practice styled "heroic," if there was anything of heroism in cramming drugs down a sick man's throat or torturing him by harsh operations. The treatment in favus consists chiefly in *épilation*—the extraction of all the diseased hairs by means of forceps, repeating the operation time and again; for, unfortunately, the first, or second, or third, is not always rewarded with success. When a large portion of the scalp is affected by favus, and tender as it always is, you may imagine what the sufferings of a patient must be, subjected to *épilation*. Prior to extracting the hairs, the scalp is rubbed with juniper oil, which is said to render the operation less painful. The after-treatment consists in daily applications of turbith



ointment, with attention, of course, to the general health of the patient. Another plan of treatment, called the "Mahon treatment," to apply to the scalp, from which the hair has been closely cut and the scabs carefully removed by poultices and bathing, the following ointment:

R—Lard, grammes, 80.

Soda of Commerce, grammes, 15.

Slacked Lime, grammes, 10.

Mix carefully.

The itch victims are treated as follows: At one o'clock the patients are called in the large bath-room of the hospital, and sometimes number fifty subjects. Here they are required to strip, and being furnished with a supply of soft soap, they proceed to rub themselves with it thoroughly, assisting each other mutually in the process. Having been well anointed, they repair to warm baths, where they wash off the soap. They are then provided with sulphuret of lime ointment, with which they anoint themselves minutely and carefully, and afterwards wash off in another warm bath, when they are pronounced cured. The operation lasts about two hours. Many of the poor fellows are nearly raw from scratching when they enter the hospital, and others being covered with scabs, which must be removed by the detergent process, it is easy to comprehend that the treatment is not unattended by pain, and, unfortunately, it is not infallible. For a public institution where itch patients resort in great numbers, it is probably the best plan of treatment. It is economical, saves time, and is comparatively certain; but in private practice I should always greatly prefer the simple warm bath and castile soap, followed afterwards by sulphur ointment.

A singular example of the influence of the imagination upon the physical system occurred in this hospital a few days ago. One of the patients laboring under elephantiasis had a hemorrhage from the nose which resisted all the usual remedies and was becoming alarming. In fact, his life

seemed to be in imminent danger. Plugging the nose was resolved upon, the nature of the process was explained to him, and the sponge, cat gut, etc., exhibited. The young man was so much alarmed at the thought of having to submit to so formidable a procedure, that the epistaxis ceased at once, and after three days has not returned.

An operation intended to supersede paracentesis was performed in one of the hospitals here a few days since. A patient laboring under general dropsy, in which the encroachment of the fluid upon the lungs was causing embarrassed respiration, was punctured in fifty or sixty places upon the abdomen and legs, with temporary relief. The punctures were made with an exploring needle, and only extended through the skin. Serum began at once to exude, and continued to flow for many hours, during which the subsidence of the edema of the face, limbs, and scrotum, was most striking, and with it the breathing became easy. The patient seemed not to suffer from the operation.

The physicians here are using, with much eclat, a new remedy in the treatment of ulcers, chancres, and such cases—*iodoform*. It is a yellowish powder, consisting of small shining crystals, resembling those of sulphur. Its odor is that of iodine, and is so persistent, that, having taken some of it into my fingers at 9 o'clock in the morning, it was disagreeably perceptible at bed time that night, notwithstanding repeated ablutions. It is claimed for this remedy that while it possesses all the curative powers of iodine, it is painless in its action—in truth is an anesthetic. Wonderful accounts of its efficacy are related, but I am not able to speak of its merits from any personal observation. Like chloroform, which lay long idle after its discovery, iodoform, though long known to chemists, is now for the first time attracting attention as a curative agent. It would be singular if it should attain the distinction to which its confrere has risen.

I have been gratified to find that *specialism* is as tho-

roughly discountenanced by the profession in this great metropolis as it is in London, and that a medical man who proclaims himself, through the press or by private cards, a candidate for practice in any exclusive class of diseases, places himself beyond the pale of regular medicine. Not that devotion to special branches of the art is discountenanced, for in this way it is now acknowledged the greatest advances in medicine are made; but the candidate for public favor must pursue the legitimate channels of the profession. If he writes good books, like Ricord, and proves himself a master of his subject, the profession will honor him as their leader. Our countryman, Dr. Marion Sims, has won an enviable distinction by his writings and by his skill in uterine surgery, and is reaping an ample harvest of fame and fees. Mr. Ereomus Wilson, Dr. Tilbury Fox, and Mr. Milton, of London, are all distinguishing themselves in the line of cutaneous diseases, and all in a way to command the respect and admiration of their brethren. But advertising doctors are repudiated and scouted. They are assigned to the same category with "Indian Doctors," "Cancer Doctors," and dealers in clairvoyance and spiritualism.

Yours truly,

L. P. Y., JR.

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PARIS, RUE JACOB, OCT. 10, 1867.

MY DEAR DOCTOR—For nearly two months I have done no work in the field of medicine, but have been pleasantly idling about in flat Holland, and strange Germany, and grand Switzerland, and famous Belgium, and beautiful France; seeing the many sights and wonders of art and nature with which this part of the old world abounds. I have just returned to Paris, and have not yet had time to get to

work in the hospitals sufficiently to be able to send you anything of professional interest, but I fear if I postpone much longer the pleasant task of communicating with you, I shall be suspected of having lost sight of medicine.

While in Switzerland, I had an opportunity of seeing something of Goitres and Cretinism, and possibly my observations may be of interest to you. The first town where I observed goitres was Martigny, a small village of two thousand inhabitants, situated at the head of the valley of the Rhone. The number of persons affected with goitres, and the number of idiots, dwarfs and deformed people in Martigny, and the country surrounding it, and the villages near by, is really appalling; and it seemed to me that one-fourth of the natives that we encountered had goitre to a greater or less extent. In a little village near Martigny I counted four idiotic children in one group, and a short distance off saw two others vacantly staring from windows. Goitre was apparently more common among women than among men, though exceedingly frequent in the latter. The largest tumors that I observed were larger than a man's head. They were not invariably of regular shape, and were sometimes multiple. Most frequently, however, the tumor was single, hanging down from the centre of the neck, extending equally on either side. In some cases the tumors were lobulated, and in several instances I observed a tumor on either side of the neck as large as my fist. It is probable I did not see the worst cases, as I only came in contact with those who were able to labor, and were, therefore, out of doors. This disease seemed to be confined to the inhabitants of the valleys, who are an exceedingly diminutive and miserable looking race of people, with small legs and diminutive faces, reminding me of the description of *Barney Sniffle* in "Georgia Scenes," who, you remember, "lived upon red clay in the winter time, and blackberries in the summer." They have the complexion of the people from the Red River bottoms, or from the swamps of South

Carolina, or the pond settlements near Louisville. They were chilly-looking people, bilious-looking people, and the language of their bodies expressed as clearly as if written on legible characters that they were the subjects of miasmatic poison; and in a conversation upon the subject with an exceedingly intelligent Englishman, I learned that they suffered terribly from fever and ague, and other forms of malarial disease.

The origin of goitre is still a matter of uncertainty among medical men, and is, I believe, generally ascribed to the water used by the people, or to the impure air of their filthy, overcrowded, and ill-ventilated log cabins. The valleys of the Rhone, and the other rivers of Switzerland, are composed of alluvial material, consisting of debris brought down from the mountains year after year. It is stated that the valley of the Rhone has gained about a mile and a half in length since the time when Julius Cæsar marched about this country. As you are aware, the Rhone empties into Lake Geneva. It is the fiercest little river imaginable, and dashes along like a horse running away. Its waters are almost milky in color, from the particles of granite and other rocks which they carry along with them, and every moment in the day it is tumbling its heaps of debris into the lake. At one period the greater portion of these valleys was little more than useless marshes, ever breeding pestilence, but by a system of drainage, and by walling the rivers in, so as to confine them to narrow beds, these indefatigable little husbandmen have converted the waste and poisonous marshes into arable land, on which my delighted eyes saw fields of Indian corn! With the improvement of the land, a corresponding diminution of disease among the people has occurred. Goitre, cretinism, &c., are less prevalent now than in days gone by, and I am impressed with the belief that this improvement is owing to the draining of the valleys, and that goitre is probably of malarial origin. From the history of the cases of leprosy which I saw in London, and

from what I have read on the subject, I am inclined to believe that that disease, too, is of malarial origin. As the cause of neither disease is known, let us say that a vegetable parasite, the product of vegetable decomposition, being taken into the system, is deposited, in one instance, in the thyroid gland, and is developed into a fungus of considerable size; and in the other is deposited in the skin and cellular tissue, causing the tumors, nodules, etc., observed in leprosy. This would be a very satisfactory explanation to at least non-professional readers. I only suggest the idea, and will not attempt to elaborate it; nor am I willing to say such is my settled opinion. The water of both the larger and lesser mountain streams is of a muddy, whitish color, and when held in a glass vessel between you and the sun, you see innumerable particles of granite, etc., glistening in it, and upon drinking some of it, I imagined it made my throat feel gritty. Its long-continued use as a beverage I am sure would produce sand-bars in the stomach, and from never having heard of any such cases, I am compelled to believe these people either filter this water, or else allow it to settle before using it.

Paris is still crowded with people. The weather is raw and cold, and it rains every day. Nélaton has given up teaching and retired from practice, I am told, and it is said the Emperor is going to make him a Peer of France. In the two large hospitals devoted to infantile diseases, and in those devoted to skin diseases and syphilis, I shall find ample work to interest me in Paris as long as I can spare the time to stay, and, as often as possible, I shall drop you a line about Paris physic. Truly yours, L. P. Y., Jr.

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PARIS, November 10th, 1867.

DEAR DOCTOR—You must have remarked how busy death has been in the last few months among the renowned names

of our profession. Lawrence, Faraday, Rostan, Trauseau, Velpeau, all have departed in a brief period from the scene of their labors. Faraday, though not a physician, had connected himself to the profession by his applications of electrical science to Medicine, in a way to rank him among the contributors to Medical Science. Foremost among the physicians of his day, his name will go down to future ages in British history, along with those of Sir Isaac Newton and Sir Humphrey Davy. In his hands the science of electricity has received a new nomenclature and a new form, and in this field, as well as in the charm of his popular discourses, he has hardly left his equal behind him.

His countryman, Sir William Lawrence, who died on the 15th of July, at the advanced age of eighty-four, was not less distinguished among the Surgeons of his times. Sir William, after spending seven years and a half at a Classical School, was apprenticed to Mr. Abernathy, in whose house he became an inmate, and so impressed was his teacher by the zeal and talents he displayed in his anatomical pursuits that in the third year of his apprenticeship he appointed him demonstrator of anatomy. For twelve years he continued to labor in this position. In 1813 he became assistant Surgeon to St. Bartholomews; and was not full Surgeon till 1824, when he was 41 years of age. In 1815 he was chosen one of the professors of anatomy to the Royal College of Surgeons, at which he delivered the lectures for four years. His connection continued with St. Bartholomew's until nearly the time of his death. For a long period he was also connected with the Eye Infirmary at Moorfields, and was Surgeon to the Royal Hospitals of Bridwell and Bethlehem. Few professional men, in fact, have held office in more public institutions, and rarely has an officer discharged his duties with greater ability. Yet he has not escaped censure, and more than once he was involved in exciting controversies with his colleagues and the officers of hospitals and colleges. On one occasion, when delivering

the Hunterian Oration before the College of Surgeons, his line of remarks produced a storm of indignation in his auditory. He has undertaken to defend some unpopular acts of the Council of the College, which he had been heard years before fiercely to denounce. The indignation of those Surgeons who had listened to him then was intense, but the orator was unmoved in the fiercest of the storm, and his eloquence finally triumphed. When he had allowed his audience to exhaust their displeasure, he proceeded to conclude his address in a peroration which called forth the plaudits of his oratory.

Sir William Lawrence had a more unfortunate controversy with his old friend and preceptor, Mr. Abernathy. In a course of lectures which he delivered before the College of Surgeons on the Natural History of Man, he advocated doctrines not deemed orthodox, and Mr. Abernathy replied to them, attempting to show that they favored materialism. But the blunt, conscientious old Surgeon was no match in eloquence and power for his former pupil. Lawrence triumphed as a controversialist, but was defeated in the end. The discussion attracted public attention to the obnoxious doctrines and he was called upon by the authorities of Bethlehem and Bridwell Hospitals to resign his appointment at those institutions. He did not resign, however, but recanted, and, what is still more damaging to his character, bought up all the copies of his condemned book and sent them over to America. The cordiality between him and Mr. Abernathy was never restored.

It is painful to refer to these short-comings of a man so distinguished for his talents and for his honorable labors as a Surgeon, but it is due to the truth of history that the foibles of his character should be given along with its elevated qualities. No where in the civilized world will any Surgeon hear of the death of Sir William Lawrence without feeling that one of the great lights of Surgery has gone out. Few British Surgeons have written more extensively, and on all



the subject of which he has treated he has written ably and well. I make no exception of the unlucky volume which called forth the fierce animadversions of Mr. Abernathy, and I believe after men have had leisure impartially to examine its doctrines they will generally agree in acquitting it of those infidel tendencies of which it was accused when it first appeared. Certainly it is a volume of unusual force of thought and eloquence of style, and places its author among the foremost thinkers of his age.

As an orator, those who have heard Sir William Lawrence, agree that in manner, substance, and expression he had hardly a superior in Great Britain. As a Surgeon he was placed by public opinion at the head of all his predecessors at St. Bartholomews, the illustrious Pott alone excepted. As an operator, though surpassed by Cooper, and it may be by a few others, he ranked amongst the most dextrous of his day. And if in his public life his course sometimes gave color to the charge that "his principles were somewhat lax, his heart was somewhat cold," no one who knew him personally will deny that in all the relations of private life he was most estimable and affectionate. I can never forget the cordial terms in which I have heard his warm hospitality, his blandness and courteousness of manners, his interest in young strangers, and his kindness to his patients described by our young countrymen who bore letters of introduction to him.

The face of Sir William Lawrence denoted intellectual power. His forehead was high and broad, his mouth large and expressive, his chin massive, indicating firmness of will. His eyes were blue, inclining to gray, and suggested the idea of coldness and sagacity. He had a vigorous frame, well-developed, and was in person above the middle height. Early in life he suffered from an attack of facial paralysis, which distorted his features for a time, but he obtained relief from it by abstinence and the loss of blood. Several times afterwards he had paralytic seizures in different limbs, but

they yielded without treatment to the force of his excellent constitution. About two years ago his powers of locomotion became seriously impaired, and he was threatened with hemiplegia, but after a time he rallied so far as to resume a portion of his professional duties. At last the brain gave way, he became suddenly hemiplegic on the right side, and lost the power of speech. He broke down in the Council Chamber of the College of Surgeons. Despite the affection of the brain which palsied his right side, his splendid intellect remained unimpaired to the last, and though unable to utter his thoughts he manifested a pleasure in the conversation of his family and the friends admitted to his bed-side until within a few hours of his death.

Sir William Lawrence lived in a style which in our country would be called princely. He was more fortunate or more wise than his renowned cotemporary, Sir Charles Bell, who with all his rare ability died poor and almost broken-hearted. He emulated that other great light of British Surgery, Sir Astley Cooper, who with his great honors accumulated also great wealth. The country seat at which Sir William spent his evenings was described many years ago by a near relative in a letter from London to the *Louisville Journal*. My kindman was then a young man pursuing his Medical studies abroad, and after speaking of the address and personal appearance of Sir Lawrence, he went on to say: "I found Mr. and Mrs. Lawrence in one of their most splendid green-houses. This was the first country seat I had visited in England, and truly I can say I never set foot on a more lovely spot. Mr. L's entire possessions embrace about fifty acres, and cost him a fraction under \$175,000. You approach the house through rows of ancient and full-foliaged elms, whose branches almost sweep the ground. Entering the hall you find yourself surrounded on all sides by statues of Apollo, Diana, the Graces, &c. On your right is the superb library, the entire side of a room fifty feet long covered from the ceiling to the floor with choice and elegantly

bound books. Standing in front of the green-house I enjoyed one of the most enchanting views that I ever expect to behold. The conservatory, with its many thousand feet of glass, and flowers filling the air with fragrance; the statues of the Divinities cast in metal or cut in marble; the fountains throwing up their jets of clear water in the same; the stately mansion, the venerable elms, the lake, the grottoes, and the grand old cedars of Lebanon form a picture of surprising beauty and magnificence."

Velpeau died in Paris on the 24th of August. It is an interesting coincidence that he closed his brilliant career while the International Medical Congress was holding its sessions in the Ecole de Medicina. Among the delegates from various parts of the world, there were many of his former pupils in that body who had thus an opportunity of paying their last respects to the remains of their venerated teacher. His funeral was an imposing one. All sections of the Institute of France were largely represented; the National Guard with muffled drums marched in the procession; colleagues, pupils and hundreds of the working people swelled the throng, and the full choral service at St. Thomas d'Aquin was performed in its most impressive style. The testimony of the common people to his worth was affecting. I have seen it stated that a poor woman, on being asked if she knew Velpeau, exclaimed with tears in her eyes: "Yes, upon my word; and he was very good, and very celebrated." His goodness was first in the minds of the poor, who had so often experienced his gentleness and skill at La Charité. Nélaton, who had long been his associate pronounced his eulogium, and gave to the assembled multitude a sketch of his life.

Velpeau was born at Bréche, May 18th, 1795, and was at the time of his death 72 years old. The son of a farrier, or blacksmith, he learned to read in the corner of the forge, in the intervals between shoeing horses. When he had accumulated a little money he went to Tours, where he attracted the attention of Bertonneau, and was, through his influence,

made an *interne* to the Hospital, then filled with wounded soldiers from Napoleon's battle-fields. In 1820 he made his way to Paris. He won a prize the year following and was made demonstrator of anatomy. In 1823 he was made Doctor of Medicine, and by *concours* became Surgeon-in-Chief to La Pitié in 1830. In 1834 he succeeded to the chair just made vacant in the Institute of France by the death of the immortal Baron Larrey. Like Ambrose Paré, he rose from the humblest ranks to be a power in France, without ever once leaving his profession to mingle in politics. Of all the Surgeons of whom France can boast he was the most familiar with the medical literature of other countries. And well did his colleague say, addressing his inanimate remains:—"Velpéau, you have a great name. You have taught a grand lesson—that by unceasing work, with a high sense of duty, a man may, without help, in spite of privations and difficulties, achieve true greatness."

It would be interesting to compare and contest the characters of the great surgeons of France and England, who within so short a time of each other have been summoned from their earthly fields of labor; but I must not occupy your space with more than a few words on the subject. In aspect and manner, few men were more unlike than Lawrence and Velpéau. Sir William belonged to the Old School of gentlemen. Velpéau retained through life the impress of his birth and origin, and always resembled a country farmer. But if his head and face gave less promise than the imposing physiognomy of the Englishman, he certainly used his brain to greater advantage. He could never have written the "Natural History of Man," but his rival has left behind him no work equal to Velpéau's great Operative Surgery. With far more genius and better opportunities in youth, Lawrence accomplished less than Velpéau, because he lacked the earnestness, the undivided zeal, the indomitable industry of the "farrier of France." With Velpéau's inflexible will and singleness of aim, there is not a point in the profession

to which he might not have risen, and with all John Hunter's powers—incomparably more than his learning—he might to-day have ranked first of English surgeons. The lesson is instructive. But I must pass to more practical subjects, and so bring my letter to a close. Our countryman, Dr. Marion Sims, has won a great reputation in Europe; he is now one of the medical celebrities of this great medical emporium. He has made a decided improvement in the *speculum*, and now uses only the one of his own invention. He prefers light entering his room from a single window directly at his back, and insists on the evacuation of the rectum previously to introducing the instrument. A table four feet long and covered with a blanket is better than a bed or couch. Instead of the back, he has his patients to lie on the left side, diagonally to the table; spine straight with the head, which may be slightly raised, but not the shoulders; chest prone on the table; arms wide apart and not under the body. The thighs are to be bent apart at right angles to the body, and legs at a similar angle, an assistant raising the feet slightly. A small table, a little higher than the other, is convenient for this purpose. In this position, the epigastrium is lower than the pelvis, and the waist being uncompresssed, the abdominal viscera gravitate forwards and downwards, and allow air to enter the vagina with the speculum. Dr. Sims ascertains the size, position, and direction of the womb, the patient lying on her back. The left under finger is introduced, while palpation is used with the right hand, pressing down the uterus. Before introducing tent, syringe or knife into the womb, he fixes the cervix with a tenaculum, after introducing the speculum, by which he can draw the organ down and see into the cavity. He calls his instrument the *duck-bill speculum*.

*Of Cholera.*—While it must be confessed that we have not made as great advances in the cure of cholera as might have been hoped from the amount of professional talent be-

stowed upon the subject, there can be no doubt that much has been achieved in the way of prevention. No more signal service, in fact, has of late years been rendered by our profession to humanity than the tracking of this disease from point to point, and thus determining the mode by which it may be arrested and averted. I see it stated in late journals that the Paunjaub has just been saved from a visitation of the epidemic. Five years ago the troops and prisoners there were decimated by the pestilence. Among the sanitary precautions used were preventing large gatherings of people, and sending troops and convicts into camps. I well remember the success with which a similar practice was pursued on the plantations of Rutherford county, Tennessee, when cholera prevailed there in 1849. So soon as a case of the disease showed itself in a family, the houses were deserted, and masters and slaves betook themselves to tents in the forests, and hardly ever was there any renewal of the epidemic. There can be no doubt that safety in cholera consists in flight from the centres of the poison, or by sanitary measures, preventing its evolution.

*Odd Members.*—Sir James Y. Simpson stated at a late meeting of the Obstetrical Society of Edinburgh, that he had seen in his practice in that city seven cases of intra-uterine amputation, all of the left arm, with rudimentary fingers existing; and he remarked that it was almost universally the left arm that was missing in these cases of odd members. Some years ago Prof. Simpson calculated that if this deformity occurred as often elsewhere as in Edinburgh, which was probably the fact, there must be from forty to fifty thousand such left-handed individuals in the world. The fact of the embryo generally lying on the left side might account for the left arm amputations. He related the case of a girl who had neither arms nor legs, residing in the Highlands of Scotland, and also that of a graduate of the University of Edinburgh, without arms, who wrote his exercises with his feet. In Antwerp, a few weeks ago, I saw

a man without arms, who had made himself a painter, holding his brush in his toes. His touch was wonderfully delicate and his accuracy extraordinary. I am not sure whether he was born without arms or had lost them from injury.

*Anæsthetics.*—In a few places in the world there is still a contest between ether and chloroform as anæsthetics.—Nearly everywhere ether has been thrown into the shade by its rival, but in Lyons, as in Boston, it has held no ground as the safer of the two. A death from ether, however, having taken place in Lyons this summer, a discussion arose on the facts of the case at the Academy of Medicine, which will be likely to rouse public judgment on the subject. A woman of a delicate Constitution inhaled ether to allow of the application of an orthopedic apparatus for some deformity of the foot, and died under its influence. In the discussion to which the case gave rise, it appeared that since the profession of Lyons had resolved to adhere to ether, no less than seven deaths had resulted from its administration, while in Paris, in the nineteen years during which chloroform has been in use, over a much wider range of cases, the casualties have been no greater. The use of anæsthetics seems to be more universal in Europe than in our country, and professional opinion leans more and more to the propriety of their administration. The danger from chloroform is regarded as trifling, provided it is not given too freely at once, but the patient is brought very gradually under its influence.

L. P. Y., JR.

# ATLANTA

## Medical and Surgical Journal.

NEW SERIES.

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VOL. VIII.

FEBRUARY, 1868.

No. 12.

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### ORIGINAL COMMUNICATIONS.

#### ARTICLE I.

*Rubiaceæ*: By D. L. PHARES, M. D., Newtonia, Miss.

This order contains about 250 genera—some of them of much importance in commerce, medicine, or the arts. In the Southern States we have 22 indigenous, and several exotic genera; among the latter, I may be permitted to mention the beautiful evergreen shrub, *Gardenia florida*, (Cape Jessamine) with its very fragrant flowers. In this order are comprised also the *Cinchona*, (the various species of Peruvian bark) the *Cephaelis Ipecacuanha*, the *Coffea Arabica*, &c. The farmers of Florida and Southern Texas should give the Coffee plant a very careful and faithful trial as a field crop; and they would no doubt find it very remunerative. In this paper, I propose to notice very briefly only the medicinal plants of the order found in the Southern States.

#### Suborder I—COFFEEÆ.

I. RUBIA—(*Ruber*, red.) Madder.

R. tinctorum, (R. tinctoria, L.) This plant has been in-



troduced and cultivated to a limited extent in some of the Southern States, and its culture could be much extended with profit to the farmer. It is a very important commercial article, the root furnishing almost every shade of red, purple, orange, yellow and brown dye, to almost black, according to the different modes of treating it. Taken into the stomach, it reddens the milk, urine and bones; the bones nearest the heart, and of young animals most. Medicinally, it was much employed by the ancients, and is noticed by Hippocrates, Galen, Dioscorides, and others, as valuable in jaundice, visceral affections generally, and all conditions requiring a diuretic. Many moderns have tried it. Cullen and others deny that it has any medicinal properties whatever. Home, B. S. Barton, Dewees, and others, commend it highly as an emmenagogue. When given at the near approach of the menstrual period, Dr. Dewees assures us that it is safer and more useful than any other emmenagogue medicine. He directs a pint of boiling water poured on an ounce of the powdered root and a scruple of bruised cloves, and gently simmered fifteen minutes, of which, when cool and strained, the dose is a wineglassful every three or four hours. The dose of the powdered root is ʒss-ij. every three or four hours. I have not tried it in my own practice, but I have no doubt of its value in a recent state and prepared at a moderate temperature under cover. The Hindu practitioners employ *R. cordifolia* as an aperient, emmenagogue, and in cases of scanty or suppressed lochia.

## II. GALIUM.

This genus was noticed in the January number of this Journal—7th volume.

## III. CEPHALANTHUS. (*Kephale*, head, and *anthos*, flower.)

*C. occidentalis*. Globe Flower, Button Bush, Elbow Bush, Pond Dogwood, Bois de Marais, Americanische Weissbau, &c. This shrub is common, and is found in low wet places

shallow ponds, and on banks of streams. The whole plant is bitter, but the bark of the root is the most valuable part. It is diuretic, aperient, pectoral, tonic, febrifuge. By the aborigines and subsequently by the whites it was used with much success in intermittent and remittent fevers. But it seems to be valuable mainly in cases of obstinate chronic cough, with emaciation, in which other remedies exert little or no beneficial effect. Many remarkable cures of cases of this kind have occurred under its use in decoction, syrup, or tincture. My own experience with it is limited. For decoction, use two ounces to the pint of water; the dose being  $\frac{3}{4}$  i-ij. three to six times a day for cough; every two hours during the intervals of intermittent. The syrup, or ticture may be made of any convenient strength, and the dose proportioned as above.

#### IV. MITCHELLIA.

*M. repens*. Partridge Berry, Goose Berry, Chicken Berry, Deer Berry, One Berry, Winter Clover, Squaw Vine, &c. This little plant is evergreen, the stems and older leaves lying flat on the ground, and in many places forming a complete carpet. The leaves are roundish, ovate, flat, coriaceous, dark green, often mottled, shining above, sometimes purple beneath; the corals usually within, two in each ovary; the double drupe crowned with the calyx teeth of the two flowers; fruit edible, pleasant, rather incipid, scarlet. The plant is abundant in the forests, and is found from 28° to 69° North latitude. The whole plant is medicinal, yielding its virtues to water and alcohol. It is astringent, diuretic, tonic, nervine. Its action is directed specially to the genito-urinary organs. It is used with good results as a diuretic in rheumatism, gout, dropsy and suppression of urine. It is very valuable as a tonic, astringent and sedative in Gonorrhæ, gleet and prostaticorrhœa, curing speedily many of these cases without the assistance of any other remedy. It is useful in dysuria and diarrhœa. Its soothing astringent properties

render the aqueous extract valuable in treating excorciations, chaps, sore nipples, &c. It is an excellent uterine tonic. frequently order the hot infusion, or decoction, as a vehicle for Dr. Falk's Tinctura Antacrida, so much lauded some years ago by the late Dr. Fenner, of New Orleans, in the treatment of dysmenorrhœa and lues venerea. It is greatly esteemed among the Indians, who use it for some weeks before confinement as a partus preparatio. I have used it much for this purpose. It acts as a soothing, uterine tonic, allays nervousness, cramps and other unpleasant symptoms, and seems to put the whole parturient apparatus in the best condition for labor, by using internally three or four times a day for three or four weeks before confinement. I have many times prescribed it where ladies were delicate, nervous, excitable, and have previously had difficult, painful, tedious labors and slow recoverys—always with happy results. In some of these cases where there is very great nervousness and uneasiness about convulsions, I order with this medicine some preparation of cimicifuga. The infusion of Mitchella makes a pleasant tea of which I direct from two to six ounces thrice daily, using an ounce of the drug to a pint of boiling water.

I feel a peculiar interest in this modest little plant, as the first, which, in my boyhood, on my first solitary botanical excursion into the forests, with Eaton's "Manual" in hand, I analysed and determined. As I have by many trials and much experience become better acquainted with its properties, and especially with the benefits it has conferred on "God's best, best gift to man," my favorable regard for it has grown not a little.

#### V. CHIROCOCCA. Cahinca, Cainca, Snow Berry.

C. racemosa. This plant is found in South Florida; but the roots found in the shops are obtained from the West Indies and South America. The root is the part used, though the bark is the only valuable portion. It has a disagreeable

odor and a coffee-like taste, degenerating into a nauseous pungency. It is tonic, diuretic, emetic, purgative. In large doses it is a violent emetic and drastic purge. In small doses it stimulates the circulation, relaxes the bowels, promotes diuresis and diaphoresis. In Brazil it is used as a remedy for bites of poisonous reptiles, though another species growing there is prepared for this purpose. It is reputed useful in osteocephus, syphilis, rheumatism, amenorrhoea and dropsy. In the last, several practitioners have used it successfully in many cases. Like other drastic purgatives, we might expect it to induce sometimes the catamenial discharge. In its effects it resembles Senega a little, and Apocynum much more. It is a powerful agent and requires further careful trials; which it is hoped it will have in the hands of the physicians of Florida. The dose in powder is gr. xx to lx., but it may be given in tincture, decoction, or extract gr. x-xxx. It requires more than simple infusion to extract its properties.

#### SUBORDER II—CINCHONEÆ.

#### VI. PINCKNEYA. Georgia Bark, Bitter Bark, Fever Tree.

*P. pubens* is found in South Carolina, Georgia and Florida, along marshy banks of streams. It is closely allied to *Cinchona*, and is a bitter tonic. The bark has been long used in domestic practice with reported success in intermitted fever. Dr. Law, many years ago, reported seven cases in which he used it, and that in six it was perfectly successful. It did not distress the stomach even in doses of one ounce. It may be used in all respects as *Cinchona*, especially the pale, which it closely resembles in properties and action, and for which it is regarded by some as an excellent substitute. A full report on its properties and value as a remedial agent from personal observation by some of our Georgia friends would be very acceptable, or from any other source.

## VII. EXOSTEMMA.

*E. Caribæum* is found in South Florida. Several foreign species are known in commerce and have bitter febrifuge bark. The capsules of this species before quite ripe, are very bitter, and the juice causes a burning, itching of the lips. The bark is febrifuge, and when fresh emetic. The taste at first mucilaginous, sweetish, becomes afterwards bitter and disagreeable. This plant is worthy of further trial.

*Psychotria lanceolata* and *P. undata*, found in South Florida, should be examined, as the tropical species, *P. emetica*, has the same properties, and in about the same proportion as *Ipecacuanha*.

Some species of *Randia* also grow in South Florida, and may be found, on trial, as valuable as the *R. dumetorum*, which the Hindoo physicians consider their best emetic. They use the bark and pounded meat. The bruised fruit is employed also for intoxicating fish.

Several species of *Oldenlandia* are found from North Carolina southward to the Gulf of Mexico, and west to the Mississippi river. In India, the *O. nimbellata* is used in pectoral affections; and some of our indigenous species might prove even more valuable.

## SUBORDER III. LOGANIEÆ.

## VIII. SPIGELIA. Pink Root, Carolina Pink, Indian Pink, Worm Grass.

*S. Marilandica* is found in all the Southern States, and is probably more extensively used than any other anthelmintic. The whites learned its properties from the aborigines. When fresh it is very certain and efficient anthelmintic; but it deteriorates rapidly. As a vermifuge and narcotic its action is very similar to that of *Melia*. As a sedative febrifuge it, in some degree, resembles the *Gelseminum*. It is, however, so generally known and treated of in the books as not to require further notice here.

IX GELSEMIUM. Yellow Jessamine.

*G. Sempervirens.* In No. 534, *Med. and Surg. Reporter*, May 25, 1867, I have given a pretty full account of this very valuable medicine. By an oversight I did not mention its value in Gonorrhœa. As a vermifuge it acts much like *Spigelia*.

In fevers it seems to me not merely to counteract the effects of the "miasm," or fever poison by reducing the heat, force of the circulation, &c.; but, by acting directly on the same nerve centres attacked by the poison, to protect them; or rather, meeting the enemy at these points, to neutralize antidote or kill the poison itself. We know that sulphite of soda prevents fermentation, and when already in vigorous progress, instantly arrest it at any stage; as I, in common with others, have often proved both within and without the living body, seeming to kill the fermenting principle. Hence, its value in dyspepsia, intermittents, etc. So Gelsemium, for besides its apparent antidotal properties in fevers, its action in the stomach is, in some respects, similar to that of sulphite of soda. Let me illustrate with a single case.

A gentleman having spent some months in the low lands of Louisiana, passing through a neighborhood where Cholera was prevailing, returned to this vicinity sallow and in bad condition generally. After a few days he was violently seized; vomiting and purging "rice water" by gallons, literally gallons, the discharges occurring every few minutes; legs severely cramped; extremities and surface icy cold; skin shrivelled, blueish; pulseless; eyes rolled back and glossy; speedy dissolution impending; opiates and other approved remedies had been used without effect. Such was the state of the case when Dr. J. H. Phares arrived. Having made the necessary examinations, he informed the medical friend in attendance that he could guarantee an arrest of the discharges with two doses of medicine; possibly, but not probably with one. Half a teaspoonful of tinct. Gelse-

mium and half a grain of morphine were given, and soon rejected, though some effect was noticed. As soon as the stomach was emptied, the second dose, f 3 ; tinct. Gelsem. and gr. i. morphine, was given and completerly arrested vomiting and alvine discharges. All unfavorable symptoms rapidly subsided and the case under control. But for the Gelsemium, it is almost certain that this case must have had a fatal termination.

In this instance was the action of the medicine on the nervous centres? It is hardly probable. The fluids, in these cases, all seem to rush into the alimentary canal to find an exit; and hence absorption from the stomach is difficult and impracticable. The cholera poison is said to act locally, directly on the alimentary tube. Did the Gelsemium, meeting the cholera sporules, animalcules, zymotic cells, or whatever else they may be called, there, at the very seat and centre of their attack, kill and annihilate them? Such at least seems to have been the process in this and many other cases which we have seen.

I would like to say much more, but this paper is already too long. Let it suffice for the present that having used this medicine some thousands of times, [I ought to know something of its properties and effects; and I am fully convinced that it is one of the most valuable agents of the *Materia Medica*. For the benefit of those who have not seen the article above cited, I will add in a summary manner that Gelsemium is valuable in *fevers, rheumatism, neuralgias, pulmonitis, pleuritis, hysteria, dysmenorrhœa, amenorrhœa, gonorrhœa, prostaticorrhœa, chronic epilepsy, convulsions, paralysis, &c.* Of course it is not equally valuable in all these affections, nor always the best remedy for some of them. A recent writer in a Western Journal undertakes to prove that it is worthless in all, by citing among other authors, Dodonæus! Gaspard Bauhein!! and Dioscorides!! an anachronism of only 9600 years! An error in diagnosis, and hence the error in treating the subject—a mistake of *Jasminum officinale* which

these writers notice, for Gelsemium, which they do not, and for obvious reasons could not mention.

The fresh roots should be used as it deteriorates in drying. Cut into small pieces and add  $\mathfrak{z}$  iv. to spirit frument—or dilute alcohol  $\text{oi}$ ; macerate till the tincture when held up in a vial to the light, shows a violet tint; the deeper violet the better. Of this the dose is  $\text{gtt x to f 3 i}$ , or more according to the special indications of the case.

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## ARTICLE II.

*Bromine and its Preparations in Disease.* By J. J. Knott,  
M. D., of Atlanta, Ga.

There has perhaps no other class of remedies been so far overlooked by the medical profession as those at the head of this article. Having employed them extensively in my practice, with good results, I propose to give in a brief article a synopsis of my experience with them, more with a view of calling the attention of the medical fraternity to their employment, than any views that I am capable of giving, calculated to enlighten the profession as to their *modus operandi* upon the economy. I have found the preparations of Bromine as surely sedative in their effects upon the uterine system as ergot is a stimulant to the same, and have invariably employed them with marked success in the following affections: Dysmenorrhœa, hysteria, menorrhœa, neuralgia of the uterus, and ulceration of the neck and mouth of the womb, all which we know to be attended with more or less excitement of the uterine system. An important advantage in the employment of these preparations, is that we



can dispense with the employment of opiates, the pernicious effects of the continued use of which cannot be denied by any intelligent practitioner. Within the past month I have treated several cases of dysmenorrhœa with the bromide of potassium, all of which were relieved in from twelve to twenty-four hours. \*I now have under treatment a case of ulceration of the mouth and neck of the uterus, of two years' standing. When I first saw the patient, some seven weeks ago, I found her suffering from the usual symptoms attending this affection, and, in addition, she experienced severe neuralgic pains, of such a severe nature as to deprive her of all rest, except that partially afforded by opiates. I placed her on 10 grain doses of the bromide of potassium, with a solution of muriate of ammonia, every four hours, 30 grains to the dose—canterization every third or fourth day. She experienced immediate relief from the pain, and has continued to improve up to the present time, and I am confident that in two weeks time I can dismiss the case, entirely cured. Now without the controlling influence of the bromide of potassium over the irritation of the womb, I am satisfied that four months time at least would have been required to have effected a cure in this case, if it could have been effected at all under the ordinary treatment. I have not confined myself to females alone in the employment of these preparations, but have employed them successfully in epilepsy, chordee, spermatorrhœa, nocturnal emissions, and secondary syphilis. I usually commence with 6 grain doses, administered in the comp. S. of Sarsaparilla, repeated every three or four hours, increasing the dose gradually, if admissible. The following symptoms call for a diminution of the dose or its discontinuance: Giddiness, vomiting, severe pain along the spine, rigors, diarrhœa, etc. If by this article I can only induce some of the profession to give these pre-

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\*This case had been under the treatment of another physician of considerable reputation in the treatment of this affection, without any improvement following the ordinary treatment.

parations an impartial trial, I am satisfied that I will have accomplished some good for suffering humanity, as well as the medical profession.

## BIBLIOGRAPHICAL.

Messrs. Sheldon & Connor, Book Sellers in this city, have laid on our table the following new publications, from the publishing houses of D. Appleton & Co., New York, and J. B. Lippincott & Co., Philadelphia.

*Physiology and Pathology of the Mind.* By Henry Maudsley, M. D., London Physician to the West London Hospital; Honorary Member of the Medico-Psychological Society of Paris; Formerly Resident Physician of the Manchester Royal Lunatic Hospital, etc.

We have delayed noticing this most able and instructive work, until we could get time to read it. We have done so, and do not hesitate to pronounce it a great work. To such as wish to study metaphysical and psychological science, there is no better work in the English language.

Every earnest enquirer into the mysterious subject of mental science, should read it.

To all of the learned professions, but especially the clergy, this book will be invaluable. The mechanical execution is good; four hundred and fifty pages. D. Appleton & Co.

*Elements of Human Anatomy: General, Descriptive and Practical.* By J. G. Richardson, M. D., Professor of Anatomy in the Medical Department of the University of Louisiana. Second Edition, carefully revised, and illustrated by nearly three hundred engravings.

We could not say too much for this book, or its author. Dr. R. is a learned and earnest man, sincerely devoted to science, and pre-eminently qualified by his mental constitution for the task he has so thoroughly accomplished in the work before us. It is a work of six hundred and seventy pages. The mechanical execution is good. We commend it to the profession.

Dr. Samuel P. Hape, Surgeon Dentist, of this city, has laid upon our table the following new publications, from the publishing house of Lindsay & Blackiston, Philadelphia :

*The Practice of Medicine and Surgery. Applied to the Diseases and Accidents incident to Women.* By Wm. H. Byford, A. M., M. D., Author of a Treatise on the Chronic Inflammation and Displacement of the Unimpregnated Uterus, and Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College. Second edition ; enlarged.

This is an excellent work, but on a subject upon which it is difficult to throw much new light ; and yet the author has done this, and done it exceedingly well. We think this work equal to any now before the profession on the same subjects. Price \$5 ; Lindsay & Blackiston.

*Biennial Retrospect of Medicine and Surgery, and their Allied Sciences.* Edited by Mr. H. Power, Dr. Austin, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnes, and Dr. C. Helton Fagge. For the New Sydenham Society. 500 pages, well bound.

This is a valuable book—an epitome of the present status of medicine and surgery and their allied sciences, and the literature of each. No physician should be without it. Lindsay & Blackiston, Philadelphia.

*Epidemic Meningitis ; or Cerebro-Spinal Meningitis.* By Alfred Stille, M. D., Professor of Theory and Practice of

Medicine, and of Clinical Medicine, in the University of Pennsylvania; Physician to St. Joseph's Hospital, and to the Philadelphia Hospital. A monograph of 170 pages; neatly bound. Price \$2.

This is the ablest work we have seen on this most interesting subject. We are pleased to note so large an amount of enquiry in this direction. Every inquiry of this kind brings us that far on our journey. The matrix of truth lies at the end of this road. The womb in which is concealed the true secret of morbid energy, the centre of etiological truth, where the weary, heart-sick pathologist may throw off his burden and rest from his labours, will be found in the nervous centres, and in the ganglia of nerve cells. Lindsay & Blackiston.

*Head Aches; their Causes and their Cure.* By Henry G. Wright, M. D., M. R., C. S. L., L. S. A., Member of the Royal College of Physicians of England, Physician to the Samaritan Free Hospital, Fellow of the Royal Medical and Surgical Society, &c. From the Fourth London edition.

This is a most useful, excellent book. 150 pages. Lindsay & Blackiston. Price \$1 25.

*Inhalation: Its Therapeutics and Practice. A Treatise on the inhalations of Gasses, Vapors, Nebulised Fluids and Powders, including a Description of the Apparatus employed, and a Record of Numerous Experiments, Physiological and Pathological, with Cases.* By J. Ellis Cohen, M. D. Illustrated.

This is an instructive pioneer work, full of suggestions upon a subject now attracting a large amount of attention. It has been gotten up in good taste. 200 pages. \$2 50. Lindsay & Blackiston.

*Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera.* By John C. Peters, M. D. With an Appendix.

This is an exhaustive monograph. Nothing more can be, said on this subject, from our present stand point. The author is undoubtedly a good observer and speaks *ex cathedra*.

After giving his own views of the pathology and treatment of cholera, he gives that of the Homœopathists also. We append what he says of them, and what they say of themselves:

#### “7.—HOMŒOPATHY AND CHOLERA.”

“It is well known that the hydragogue cathartics, like elaterium, croton oil, jalap, gamboge, etc., are the truly homœopathic remedies for cholera. (See pages 140 and 165.) Yet, singularly enough, the homœopathists rarely or ever use them, but rely upon infinitesimal doses of more or less antagonistic and allopathic remedies, like camphor, copper, arsenic, etc.

The homœopathic treatment is generally commenced with camphor, which has been used from time immemorial against diarrhoea, ordinary cholera, etc. Leadam says that it was even used by Serapius, who translated Dioscorides into Syriac. But Hahnemann doubtless got the idea from much later sources, for he tells us in his Lesser writings (page 753) that “a receipt has been given to the world which has proved so efficacious against Asiatic cholera, that of ten patients but one died. The chief ingredient is camphor, which is in ten times the proportion of the other ingredients.” It is scarcely necessary to add that camphor has little or no homœopathic relation to cholera—certainly not as much as elaterium. Hahnemann and all his followers, also, instinctively avoid the use of infinitesimal or homœopathic doses of camphor, and the former directs strong spirits of camphor to be given at least every five minutes; also to rub some on the neck, head, arms, chest, abdomen, legs, etc.; also a clyster with two teaspoonfuls of spirits of camphor in one half pint of warm water; and, finally, that some camphor should be burned on a hot iron from time to time, so that the patient may inhale its vapors. This is very good treatment, but it is not homœopathic; on the contrary, camphor is an antidote to almost all homœopathic remedies and doses, which may be given subsequently. We have seen, on page 141,

that veratrum, the remedy for the second stage, is not as successful as many homœopathists suppose, and it cannot well be in infinitesimal doses after the previous use of large doses of camphor, which antidotes it. The Hahnemannian remedy for the third stage, or that of cramps, when the patient is saturated, and his room and clothes loaded with the vapors of camphor, is one or two globules of the thirtieth dilution of cuprum, or copper. This is an allopathic astringent, but cannot act as such in infinitesimal doses. Even the use of copper was not original with Hahnemann, for Dupuytren and others had used it previously (see page 145,) and he tells us in his Lesser writings (page 755) that "trustworthy information from Hungary informs him that those who wore a plate of copper next the skin escaped the infection." We have shown, on pages 160 and 161, that few or none of the remedies in ordinary use by the homœopathists are homœopathic to cholera, as they do not use elaterium, etc., and it is almost safe to assume that they have never treated a case of cholera truly homœopathically. Hence, as they generally give infinitesimal doses of allopathic remedies, they must necessarily fail. They do not use their own remedies rightly, and a well-instructed regular physician can easily treat his cases, if he chooses, far more homœopathically than the oldest and most experienced homœopathist.

As it is not only easy, but natural to mistake various milder forms of disease for true Asiatic cholera, it is a matter of course that very many homœopathic physicians will rate their success very highly; others much more moderately. Thus two Cincinnati physicians say they treated one thousand one hundred and sixteen genuine cholera patients in 1849, with a loss of only thirty-five, or five and a half per cent.; Rubini, of Naples, five hundred and ninety-two cases, (with allopathic doses of camphor,) without a single death.

The *British Journal of Homœopathy* (vol. 15, p. 130) says: 'Dr. Stens makes the rather rash assertion that the homœopathic mortality in cholera is only eight and a half per cent.' The British editor adds: "Now, we should rejoice very much were this the case; but, alas! we know from sad experience that it is at least three times as high as here stated. And this is a fact so easily ascertained by reference to the statistics of homœopathists themselves, that we (the British journalists) are surprised Dr. Stens has allowed such a flagrant exaggeration to damage the credibility of his other

statements. We know very well the data on which the percentage of mortality he gives is founded, and we are well convinced of their utter untrustworthiness. How he could allow himself to put forward such an exaggeration, we are at a loss to imagine.'

The British journalists, of course, cannot believe Dr. Gerstel, who reported (see vol. 13, p. 329) to an Austrian Medical Society that he had treated three hundred cases of cholera, of a most inveterate character, with a loss of only thirty-two, or about ten per cent. An offer was made to Dr. Gerstel to practice under the control of the District Superintendent, Dr. Nushard, in order to establish proofs of the success of the homœopathic treatment, which he declined.

Dr. Rutherford Russell, one of the editors of the *British Journal of Homœopathy*, says, in vol. 7, p. 179 :

"We cannot help deprecating the boastful tone we so often hear assumed by homœopaths on this subject—the treatment of cholera. It would argue a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, in Edinburgh, not to be penetrated with a profound sense of the comparative importance of our art in arresting, or even greatly modifying this terrible plague. In assuming what may be thought a tone of too great despondency as to the results of homœopathic treatment, we (Dr. Russell) refer to the fully developed disease. In its first stage, if we are permitted to see it at this time, much may be done to prevent its further development, and we cannot speak too strongly of the value of camphor; but in the stage of collapse, I have never seen any evidence of camphor being of service."

In the *British Journal of Homœopathy*, vol. 9, p. 693, we read: "We paid a visit to Dr. Tessier's hospital. He has one hundred beds; the wards are airy and high, and the hospital is well situated and served. He informed us that he had never met anything but uniform kindness and respect from the Central Bureau of Hospitals, although at various periods there have been medical men among them, and such is the case at present; not the slightest opposition has been offered to him in the charge (from allopathic to homœopathic practice) that he has carried out in the medical treatment of his patients." This we know refers to the Hospital St. Marguerite, in which Tessier admits a loss of forty-eight or forty-nine per. cent. of his cholera cases. (See Hempel's and

Radde's Tessier on Cholera, p. 107.) The loss was only thirty-five to thirty-nine per cent. of our quarantine last season; of six hundred and twenty-two cases of cholera and over fifteen hundred of diarrhoea, two hundred and forty-two died. Drs. Stens and Gerstel would doubtless have reported twenty-one hundred and twenty-two cases of cholera with about ten per cent. loss.

In vol. 12, p. 698, we learn that: "Dr. Tessier has been transferred from St. Marguerite to the Hospital Beaujon, one of the best regulated hospitals in Paris. His wards, male and female, contain one hundred beds. We are sorry to learn that the cholera has, in his wards, as well as in other hospitals in Paris, shown so malignant a type. One great cause for the increased mortality in all the hospitals, is the decidedly contagious character the disease has manifested. It thus spreads from bed to bed and attacks patients already suffering from serious diseases." I infer that the loss was still greater than in the Hospital St. Marguerite, and believe that Tessier has never published any account of it.

In old times it might have been supposed and assumed that the contagiousness of the cholera in Tessier's wards accounted for the increased mortality. But we almost all believe in the contagiousness of cholera now, and cases occurring in a well appointed hospital, come earlier under treatment than under many other circumstances. The drawback that they have been or are sick with other diseases is somewhat counterbalanced by the facts that they do not have to be transported a great distance, are not half starved or racked with the pangs of exhaustion and debauchery, as many other cholera patients are, and that physicians, trained nurses, medicines, food, and every aid and comfort, are on the spot, for instant service, by night and day.

Besides, this loss from contagion occurred in 1854, when Dr. Budd, of Bristol, had established the great principles of disinfection (see page 100 of this treatise). Tessier, who is certainly an honest, earnest, and scientific homœopathist, neither knew how to prevent the infection, nor control after it had commenced.

Dr. Fleischman, of Vienna, has had the largest hospital experience of the homœopathic treatment of cholera (see *Brit. Jour. of Hom.*, vol. 14, p. 27); viz: twelve hundred and two cases, with seven hundred and ninety-three recoveries and four hundred and nine deaths. I know, from per-



sonal observation, that Fleischman's hospital is perfect in all its appointments. It is almost exquisite in its neatness, cleanliness, order. The consolations of religion are extended by the Sisters of Charity, and only the better class of the poor are admitted. The worst and most depraved classes find no entrance there. Yet Fleischman's results were only five per cent. better than on board the hospital-ship *Falcon* in our harbor last year. Fleischman candidly says: "In the treatment of this disease, at least, as we have it in a hospital, even for us homœopathists much remains to wish for. Every remedy which has been recommended has been tried, and tried again by me, but I have little to say in praise of any of them."

Dr. Chargé, of Marseilles, received from the French Government the order of the Legion of Honor, and from Pope Pious IX. that of Gregory the Great, for services rendered in the cholera of 1849, in general practice. In the *British Journal of Homœopathy* (vol. 15, p. 173) we read: "In 1854 he was applied to by the Mayor of Marseilles to take charge of two cholera wards in the Hotel Dieu. All patients were to be sent on alternate days to the homœopathic and allopathic wards. It is true that Dr. Chargé resigned his trust after three reception days; it is also true that during those three days twenty-six patients were received and twenty-one died. Dr. Chargé complained that he had too few nurses allowed; that there was a great want of bed clothing, flannels, etc., that patients in other wards, when they took the cholera, as they often did, were transferred to the cholera wards; and, as this process of transfer was entirely in the hands of the allopathic medical officers, an opportunity was thereby afforded them of retaining in their own wards patients attacked by cholera on the day of the allopathic admission until the following day, when they might be thrust, in a dying state, into the homœopathic wards; and this, Dr. Chargé asserts, was frequently done."

This I cannot believe, but think the explanation is, that in 1849 Dr. Chargé was dealing with diarrhœa, cholera morbus, and cholerine, in private practice, and hence seemed very successful: while in 1854 he for the first time came in contact with true cholera, as it appears in general hospitals. Dr. Chargé certainly is not as able nor as scientific a physician as Tessier, and his success, we have seen, was not great, without any such imaginary unfair play.

Finally, Dr. Drysdale, one of the editors of the *British Journal of Homœopathy*, gives us, in vol. 8, some data by which we can form a prognosis under Homœopathic treatment. He treated one hundred and seventy-five cases, of which forty-three or more were mild, with forty-five deaths. About twenty cases seen in the first stage could not be saved. The cure of real choleraic, rice-water, painless diarrhoea, he says, was by no means an easy matter. Of those with severe cramps, twenty-two out of forty-six died; with coma, ten out of fourteen; with agonizing pain from the region of the heart, through the back, all, nine in number; died; with red purging, four, or all died; of the severe cases, without cramps, eight out of fourteen; with grinding of the teeth, four out of eight; with greenish tint of complexion, four, or all died; when purging was followed by cramps before vomiting, six out of nine died; all, (only two) died which commenced with fainting. If the vomiting began before the purging, four out of eleven died; if the purging preceded the vomiting, only six out of twenty-six proved fatal; with delirium, only four out of eleven died; with vomiting in gushes, only four out of ten; with hiccup, only two out of twelve; with epigastric pain, six out of twenty-four; with abdominal pain, six out of thirty-six; with moderate cramps, three of nineteen; and all those which commenced with colic recovered.

In the *consecutive fever*, of nine with coma, six died; with delirium, only two out of eight; with slow pulse, four out of twelve; with quick pulse, two out of four; with suppressed urine, two out of five; with restlessness, six out of sixteen; with vomiting, three out of thirteen; with purging, six out of thirteen; with grinding of the teeth, three out of six; with sighing respiration, six out of ten; with sleeplessness, all, four in number, recovered; with headache, four out of six.

It is evident from all that has gone before, that many cases recover under all kinds of treatment, and under no treatment; and that many die under all varieties of treatment."

# EDITORIAL AND MISCELLANEOUS.

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## ATLANTA MEDICAL COLLEGE.

From the opening of this institution in May 1855, the facilities now offered have not been equalled. All the advantages heretofore possessed, with the additional convenience of a preparatory course, continuous from the close of the regular session to the commencement of the next, are now presented to the student of Medicine.

The operations of the preparatory term, which includes about eight months, have been thoroughly tested the present winter, and prove to be all the learner requires in a course of preparatory study. Not only so, but the daily opportunity of witnessing the treatment of ten to twenty cases presented in the Dispensary, and about one hundred in the Hospital, gives unusual advantages in the study of Practical or Clinical Medicine, to those more advanced. This arrangement for clinical study continues throughout the year, and provision is now made for it in the curriculum of studies during the regular course, the Chair of which will be filled by the experienced and popular teacher, Prof. H. V. M. Miller. This branch, has not, heretofore, been taught in the form of regular didactic course, but will have devoted to it during the next regular session, equal attention with that of any other department of the College.

After the Annual Announcement of Lectures for 1868 was sent to press, several changes occurred in the Faculty. As above indicated Professor Miller has consented to discharge the laborous and responsible duties connected with the chair of Clinical Medicine. Prof. Miller's extensive medical in-

formation, and ample experience as a teacher in Augusta and Memphis, and as a civil and military practitioner of Medicine and Surgery, admirably adapts him to the position.

Prof. Jesse Boring accepts the chair of Obstetrics and Diseases of Women and Children, the position he now occupies in the new Medical College, founded by himself, if we are not mistaken, in Galveston, Texas. We know of Prof. Boring as a teacher of Obstetrics. Those who attended the first and second sessions of the Atlanta Medical College, in 1855 and 1856 can bear testimony to the attractive eloquence and thoroughness of instruction which characterized his lectures during the two courses referred to. He will again make his home in Atlanta, and be ready to enter upon his duties in the College next May.

Dr. John M. Johnson accepts the chair of Physiology, in place of Dr. Hillyer, resigned. Dr. Johnson, a refugee from his native home in Kentucky, at the commencement of the war, has been made familiar to many in the South, as Surgeon in various parts of the Army of Tennessee, and at the Post of Atlanta, and now as one of the Editors of this Journal.

The corps of Professors thus organized will bring into the duties of their respective chairs all the energy necessary to thorough instruction.

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### TO OUR PATRONS.

We send forth with this issue to the patrons of the Journal the January and February numbers in one. We will in future, instead of a monthly, issue a by-monthly. We will save by it, whilst our patrons will loose nothing, as we will give them nearly the same amount of reading matter, original, selected and editorial, at a cost of one-fourth less to them.

All must admit that it is an uphill business to conduct a Medical Journal any where in the Southern States at this

time. We are poor indeed ; like the balance of our profession, we have suffered by the war, to the extent of all we had. We have had to build houses to live in, and at the same time support our families, and conduct the Journal out of our earnings. How we have done it, we can scarcely tell. "There is a power that tempers the wind to the shorn lamb." It has been so with us. We have gone ahead, and by the grace of God we will continue to do so. It is certainly not in his providence to overthrow Religion, Science and the Arts, twin sisters of progress and civilization, with the temporary decadence of the public liberty. We ask our friends to aid us in bearing our burden, and in the vindication of that Providence which has been our humble reliance in the terrible emergency that has laid our liberties low ; overturned the prosperity of a noble people and brought ruin and despotism instead.

To such of our patrons as have paid us, we offer our hearty thanks. To such as have been unable to do so, we tender our sympathies, and beg to assure them that they shall still have the Journal sent to them. To such as have turned their backs upon us, we can only say, *cui malo*, and in the words of the Poet Lananato, of England, "He that wrongs a friend wrongs himself more, and ever bears in his own bosom a Court of Justice ; himself the Judge, and Jury, and prisoner at the bar, ever condemned."

This double number completes volume 8. The March and April number will be the beginning of a new volume, and if we live the Journal will live also, to the end of another year, and another volume.

We ask our contributors to remember us—such of our subscribers as are able to do so, to pay us—and such as are willing to pay when able, to continue their subscriptions and send in their orders. Let us work together to promote the common good, and losing nothing of our prestige in the glorious past, press on a still more glorious future. We are in the twilight of a new era, let us awake to duty and interest, and prepare to garner the harvest now ready for the sickle.

**WHAT SCIENCE HAS TO SETTLE.**

The unity of the human race has ever been a stumbling block to science, notwithstanding the subject has been under review for centuries, and is likely to remain so, for aught we can see to the contrary, for centuries to come, or until we have a new revelation, so convincing that wise and foolish will be forced to a common belief.

As a social question it has little intrinsic merit. The status of the negro is fixed. His unmovable character stamps him a barbarian of barbarians. Occupying a country of vast extent and resources, he has no system of labor, no commerce, has built no cities, has produced no statesmen or philosophers, established no schools, has no language either written or spoken, and in short he is in his own country to-day what he was thirty centuries ago, a savage.

His introduction into America, brought about as it was by avarice and held as a slave for centuries, for no higher motive, until slavery became an institution which humanity as well as interest shrank from destroying, has nevertheless furnished an insight into his character, which but for it could not have been known, and shows convincingly his adaptability to certain great ends of existence, and no less his non-adaptability to others. He is to-day, more than ever, a study for the wise and curious, and should be an object of sympathy with the good. In his subordinate position he is mild and imitative; shows ability to master the lower branches of fractional mathematics, agriculture and domestic labor, but with little or none to acquire land or accumulate an estate. He loves holidays and shows, jewelry and feathers, sings, whistles and dances from intuition, has a degree of honesty and integrity, and may be trusted to a certain extent, but no further. As a ruler he is unreasoning and cruel. The Drivers, as the negro overseers were called on the plantations, were the severest task masters, and generally punished with the greatest rigor. They learn rapidly so far as they

are able to imitate, but beyond imitation they show little or no capacity for progress.

The mixed bloods possess more sprightliness, but fewer virtues and less endurance. As the Indian never ceases to be an Indian; so the negro never ceases to be a negro. But whilst this is true, the question remains unanswered, who is he?—what is his origin?—what his physical status, and what is to be his destiny?

The church universal we believe, stakes itself on the affirmation of the unity of man. Whilst many of the greatest naturalists, physiologists and pathologists take the other side and assert that he is not only not of the Adamic race, but a beast, and without a soul.

God has given us two books—Nature and Providence—these the more closely they are examined the more closely are they found to harmonize. If there is a discrepancy it is not from any fault in the books, it is in man. We see the sun, the moon, and the stars, all beyond this we call immensity, simply because we know nothing about it. We frequently discredit the laws of nature and the teachings of revelation for the same reason. History, the sure foundation of philosophy, is discredited to make an absurdity plausible. That man is an enemy to his race who permits history, the teachings of revelation, or the laws of nature, or stops short of truth, that he may become a leader of thought for a time.

It is within the scope of Science to settle this question. Revelation, history, philosophy, geology, minerology, chemistry, electricity, anatomy, physiology, and pathology must all play a part in the grand illumination that will take place when the truths now being discovered in each of these departments shall flood the world with light.

The true idea of distinction among the types of man never having been reached, all opinions on this subject are purely provisional, and liable to be swept away at any moment by the discovery of new facts changing in toto the extreme

opinions on both sides, which have of late been industriously promulgated by overzealous advocates.

For forty centuries the negro has remained the same—his distinctive marks and phenomena of existence are unaltered, and unalterable; a great question has yet to be decided by him and through him. The time may be postponed, but it will nevertheless come, when the beginning and the end of the negro will be indisputably revealed, and history and science vindicated:

Then let us wait and work; truths are accumulating and earnest men are at work unfolding the laws of nature which will in turn clear up the mystery that envelopes the subject and vindicate the ways of God to man.

## BOSTON SCHOOL OF MEDICAL SPECIALTIES.

We are in receipt of a circular from Dr. Storer, announcing the organization of a corps of teachers for "Special Instruction in Medical Science." A notice of this, the first institution of the kind in America, was intended for the December number of this Journal, but was unavoidably crowded out. The curriculum embraces twelve departments of special subjects, not usually taught in Medical Colleges, nor is it possible to do so in the time allowed, without neglect of the fundamental principles of science. "Diseases of the skin," "Operative ophthalmology," "Surgical deformities" and "Venereal disease," are some of the special subjects taught in the school.



## TO THE MEMBERS OF THE MEDICAL ASSOCIATION OF THE STATE OF GEORGIA.

At the last meeting of the Medical Association of the State of Georgia, a committee was appointed to revise the Constitution of the Association, of which the undersigned is Chairman. The committee has been unable to procure a copy of the Constitution, the Secretary not being able to furnish it, and an appeal is hereby made to the members of the Association, or any member of the profession who may have the original, to forward it to the undersigned immediately, that the wishes of the Association may be fully met, at the next meeting.

W. F. WESTMORELAND,  
Chairman of Com.

## ATLANTA BOARD OF HEALTH.

### MORTUARY REPORT.

A comparative exhibit of the mortality of the city for the years 1866 and 1867, to the fourth quarter, shows that the number of deaths in 1867 is 100 per cent. less than in 1866, as will be seen by the subjoined statistical record :

| 1866.       | DEATHS. |        | 1867.       | DEATHS. |        |
|-------------|---------|--------|-------------|---------|--------|
|             | Whites. | Col'd. |             | Whites. | Col'd. |
| 1st Quarter | 82      | 135    | 1st Quarter | 36      | 47     |
| 2d Quarter  | 63      | 86     | 2d Quarter  | 38      | 55     |
| 3d Quarter  | 102     | 98     | 3d Quarter  | 81      | 81     |
| 4th Quarter | 64      | 60     |             |         |        |
|             | 311     | 379    |             | 155     | 180    |

This tabular statement also shows that the mortality among the Freedmen in 1866 and 1867, exceeds that among the whites, although the population of the latter, according to the last census, exceeds that of the former by 1,652.

Although considerable sickness of the remittent and intermittent types have prevailed the past season, especially among the destitute poor of the suburban portion of the city, yet we are assured that no other city can furnish a mortuary report indicating a locality more favorable to general health than the city of Atlanta.

J. N. SIMMONS,  
Chairman Board of Health.

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### SPECIAL NOTICE.

All applications for Prize Essays in the Georgia Medical Association, for the next session of this body, are respectfully requested to send their Essays, with *sealed motto*, enclosing the name of author to Dr. J. T. Banks, Chairman of Committee on "Prize Essays," by the 15th of March next.

J. T. BANKS, Griffin, Ga.

Feb. 1868.

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### RECEIPTS FOR THE JOURNAL.

Drs. E. A. Flewellen, \$4 ; J. H. Speir, \$8 ; S. L. Richardson, \$4 50 ; Wm. O'Daniel, \$4 50 ; Geo. A. Hoke, \$4 50 ; John T. Dixon, \$4 ; B. Franklin, \$4 ; E. A. Wall, \$4 ; G. P.

Cosby, \$4; H. S. McNary, \$4; W. Morrow, \$1. H. D. Hudson, \$4; J. C. Turnipseed, \$4; M. G. Williams, \$4; J. T. Hester, \$4; J. C. Harris, \$1.50; N. T. Howard, \$4; G. M. McDowell, \$8; W. T. Crawford, \$2; R. Searcy, \$10; W. V. Aderhold, \$8; W. Tally, \$1.30; W. B. Wells, \$8.36; B. F. Ree, \$4; J. M. McLaughlin, \$2.50; J. F. M. Davis, \$8; G. T. Pursley, \$5; W. B. Baker, \$4; David Yarbrough, \$5; N. B. Drewry, \$4; John Dickinson, \$4; J. O. Sanders, \$4; A. H. Shi, \$8; A. North, \$3; J. M. Boring, \$4; James Taylor, \$10; Drs. Long, \$4; E. D. Newton, \$8; Hugh Harris, \$6; J. C. Phelps, \$4; J. B. Warren, \$4; J. E. Dupree, \$4; J. C. Avery, \$4; G. W. Pinkston, \$5; Thomas C. Gower, A. J. Gibbs, \$4; Dr. Moore, \$4; Dr. Carlton, \$4; S. V. Childers, \$8; G. W. Powell, \$5; Rudicil & Calhoun, \$3.

**CATALOGUE**  
**OF**  
**PURE**  
**MEDICINAL PREPARATIONS**  
**BY**  
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## RATIONS.

cases, as hysteria, chorea, &c. Another agreeable form of administration is in the form of pills coated so as to conceal all the disagreeable odor.

**Id Opium Deodorized.**—This preparation of Opium is superior to the Elixirs that have had so wide a reputation; possesses all the anodyne, sedative and antispasmodic effects of Opium. The ill effects of Opium are owing to the presence of certain deleterious principles contained in it, and which, when extracted, do not detract from its specific and highly remedial qualities. It is a pure aqueous preparation, has none of the odor of Opium offensive to some, retains all that is useful, and affords all the benefits intended to be derived from its use.

Dose—for an infant, 3 to 10 drops; adult, 20 to 60 drops. Put up in 1 oz., 4 oz., and 16 oz. bottles.

### Phospho-phite Lime

- " Soda.
- " Potassa.
- " Iron.
- " Manganese.
- " Ammonia.

**Iodide Lime**—Used instead of Iodide Potassium, and is rapidly gaining favor. The solution is almost tasteless and more pleasant to administer to children. See *Journal Materia Medica*, vol. 5, April and May.

### Ammonia Citrate.

**Ammonia Citrate**—Possesses an agreeable odor and taste, is aromatic, carminative and tonic. Used in debility after exhausting diseases, in anæmic states of children, in scrofulous affections, and in dyspepsia in scrofulous subjects.

**Citrate of, and Strychnia**—One part of Strychnia to one hundred of Citrate of Iron. Used in atonic dyspepsia, chorea, paralysis, amenorrhœa, &c. Dose—3 to 6 grains.

**Citrate of, and Quinia.**—Blood restorative, tonic, and anti-periodic; possesses properties of both Iron and Quinine and is admirably adapted for children and delicate females when the strong salts are inadmis-

## New Preparations.

**Iron Hydrocyanate**—Valuable in Epilepsy; has proved beneficial when other remedies failed. See Dr. McGugin's article, *Jour. of Materia Medica*.

" **Iodide**

" **Lactate**—Used in anæmia, chlorosis, amenorrhœa and dysmenorrhœa.

" **Muriate, Tincture**.—One of the most powerful and valuable preparations if properly prepared.

" **Per-Sulphate**—Monsel's Solution.

" **Protoxide solution**—For combination with Elixir of bark.

" **Pyro-Phosphate**. Citro-ammoniacal. The preparation of this article is based upon the method of M. G. Robiquet. Employed with marked success in anæmic diseases, has the advantage of ready assimilation in the system, and the entire absence of any tendency to disorder the stomach or bowels.

" **Valerianate**.—Tonic, antispasmodic, given in hysteria and chlorosis. The pill is the most agreeable form of use.

**Magnesia Citrate**—Granular Effervescent—effervescent properties of this elegant preparation are retained in thorough granular form, preserving the flavor as a palatable saline draught.

**Nitrate Silver Crystals**.

**Potassa Chlorate**—Chemically pure.

**Quinine, Hypophosphite**.

" **Tannate**—Used in nocturnal sweats. See M. Delieux' article, *Jour. Materia Medica*, vol. 2.

" **Valerianate**.—Particularly useful in intermittent neuralgia; said to produce less disorder upon the nervous system than the sulphate.

**Syrup Blackberry, Compound Aromatic**.—This is prepared from the formulæ of Surgeon Genl. U. S. Army, and was found very efficacious in chronic diarrhœa prevalent in the army; it is also an excellent substitute for the spiced syrup of Rhei where that remedy is deficient in astringency. Put up in 4 oz. and pound bottles.

**Syrup Hypophosphates**—Compound of *Lime, Soda, Potassa and Iron*—Used in incipient phthisis,

scrofulous ulcerations, &c. to increase the nervous system of a tonic character, and is often difficult to which it is often difficult and particularly in debilitated lactation.

" **Hypophosphites—Lime and Iron**, *Yellow of the Dis-*

" **of Iodide of Iron**.—Is a preparation, particularly adapted to a scrofulous diathesis—tonic and deobstruent. See *Jour. vol. 4.* *the Fifth*

" **and Magnesia** *\$6 00*

" **of Phosphates, Compound Potash and Iron** (Chemical) *\$7 00*  
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" **Pyro-Phosphate of Iron** *of In-*

" **Super-Phosphate Iron**.—*\$3 00*  
valuable in diabetes.

**Zinc Acetate**—Topical remedy in ophthalmia, and as an internal in hæmorrhœa, gleet, &c.

" **Chloride**—Used chiefly as a cancerous affections, and of anomalous character; it destroys the diseased structure, and has a new action to the surrounding.

" **Iodide**—Tonic, astringent and Used with success in chechxia, and some forms *nt.*

" **Jour. Materia Medica**, vol. *tes for In\**

" **Lactate**—Employed in Epilepsy *\$3 00*

" **Phosphate**—Used in Epilepsy nervous affections. *ants of the*

" **Tannate**—Highly useful in eyes accompanied by mucous discharges. 30 grains in 6 fluid ounces and one-half fluidounce of solvent employed as a wash *anner of a*

" **Valerianate**—Antispasmodic, allous nervous affections attended with contraction of the heart, constriction of the vessels, and in nervous affections of chlorosis. *es, and an*  
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## *ids and Resinoids.*

### ALKALOIDS AND RESINOIDS.

Doses.

|                                      |                                 |         |
|--------------------------------------|---------------------------------|---------|
| uin, <i>Tag Alder</i> .....          | 1 to 3                          | grains. |
| ocynin, <i>Bitter Root</i> .....     | $\frac{1}{2}$ to 2              | "       |
| lepidin, <i>Pleurisy Root</i> ....   | 1 to 5                          | "       |
| lophylin, <i>Blue Cohosh</i> ....    | $\frac{1}{2}$ to 4              | "       |
| elonin, <i>Balmomy</i> .....         | 1 to 2                          | "       |
| imicifugin, <i>Macrotin</i> .....    | 1 to 6                          | "       |
| rnin, <i>Borwood</i> .....           | 1 to 10                         | "       |
| rydalin, <i>Turkey Corn</i> ....     | $\frac{1}{2}$ to 1              | "       |
| pripedin.....                        | 2 to 4                          | "       |
| scorein, <i>Wild Yam</i> .....       | 1 to 6                          | "       |
| patorin, <i>Boneset</i> .....        | 1 to 2                          | "       |
| pupurin, <i>Q'n of the M'dw</i> ...  | 3 to 4                          | "       |
| seminin, <i>Yellow Jessamine</i> ... | $\frac{1}{2}$ to 2              | "       |
| raniin, <i>Cranesbill</i> .....      | 1 to 5                          | "       |
| drastin, Resinoid.....               | $\frac{1}{2}$ to 5              | "       |
| " Neutral.....                       | 2 to 6                          | "       |
| drastina, Alkaidoid.....             | 1 to 5                          | "       |
| oscyamin, <i>Henbane</i> .....       | $\frac{1}{2}$ to $\frac{1}{2}$  | "       |
| lin, <i>Blue Flag</i> .....          | $\frac{1}{2}$ to 5              | "       |
| apin, <i>Jalap</i> .....             | 1 to 2                          | "       |
| glandin, <i>Butternut</i> .....      | 1 to 5                          | "       |
| otandrin, <i>Culver's Root</i> ....  | $\frac{1}{2}$ to 2              | "       |
| oelin, <i>Lobelia</i> .....          | $\frac{1}{2}$ to $1\frac{1}{2}$ | "       |
| pulin, <i>Hop</i> .....              | 6 to 10                         | "       |
| ricin, <i>Bayberry</i> .....         | 2 to 10                         | "       |
| ytolaccin, <i>Garget or Poke</i> ... | $\frac{1}{2}$ to 1              | "       |
| lophyllin, <i>Mandrake</i> .....     | $\frac{1}{2}$ to 3              | "       |
| ulin, <i>Poplar</i> .....            | 4 to 8                          | "       |
| min, <i>Cherry Bark</i> .....        | 2 to 6                          | "       |
| min, <i>Yellow Dock</i> .....        | 4 to 8                          | "       |
| icin, <i>Willow</i> .....            | 2 to 10                         | "       |
| guinarin, Res., <i>Blood R't</i> ... | $\frac{1}{2}$ to 2              | "       |
| guinariana, Alk., ".....             | $\frac{3}{4}$ to $\frac{1}{2}$  | "       |
| tellarian, <i>Scullcap</i> .....     | 2 to 6                          | "       |
| ecin, <i>Life Root</i> .....         | 3 to 5                          | "       |
| lingin, <i>Queen's Delight</i> ...   | 2 to 5                          | "       |
| liin, <i>Beth Root</i> .....         | 4 to 8                          | "       |
| patrin, <i>Hellebore</i> .....       | $\frac{1}{2}$ to $\frac{1}{2}$  | "       |
| nthoxylin, <i>Prickly Ash</i> ...    | 2 to 6                          | "       |

### FLUID EXTRACTS.

Doses.

|                                  |                    |       |
|----------------------------------|--------------------|-------|
| onite Leaves.....                | 2 to 8             | Drops |
| Root.....                        | 1 to 6             | "     |
| gelica Root.....                 | $\frac{1}{2}$ to 1 | Dram  |
| utus, <i>Epigaea</i> .....       | 1 to 2             | "     |
| nica.....                        | 10 to 60           | Drops |
| ens Root.....                    | $\frac{1}{2}$ to 1 | Dram  |
| mony, <i>Chelone</i> .....       | 1 to 2             | "     |
| berry, <i>Myrica</i> .....       | 1 to 2             | "     |
| berry.....                       | 1 to 2             | "     |
| ladonna.....                     | 3 to 10            | Drops |
| hroot.....                       | 1 to 3             | Drams |
| er root, <i>Apoc. Andros</i> ... | 10 Drops to 1      | Dram  |

# Fluid Extracts.

|                                         | Doses.                           |                                           |
|-----------------------------------------|----------------------------------|-------------------------------------------|
| Bittersweet, <i>Dulcamara</i> .....     | $\frac{1}{2}$ to 1 Dram.         | Geleseminum.....                          |
| Black Alder, <i>Prinos</i> .....        | 1 to 2 Drams.                    | Gentian.....                              |
| Blackberry, <i>Rubus Villosus</i> ..... | $\frac{1}{2}$ to 1 Dram,         | "    Comp'd.....                          |
| Black Cohosh, <i>Cimicifuga</i> .....   | $\frac{1}{2}$ to 2               | Gillenia.....                             |
| "    Compound.....                      | $\frac{1}{2}$ to 1               | Ginger.....                               |
| Black Hellebore.....                    | 10 to 20 Drops.                  | Golden Rod.....                           |
| Black Pepper.....                       | 10 to 40                         | Golden Seal, <i>Hyarastis</i> .....       |
| Bloodroot, <i>Sanguinaria</i> .....     | .5 to 60                         | Gold Thread.....                          |
| Blue Cohosh, <i>Leontice</i> .....      | .15 to 40                        | Gravel Plant.....                         |
| Blue Flag, <i>Iris</i> .....            | .20 to 60                        | Hardhack, <i>Spiraea</i> .....            |
| Boneset, <i>Eupatorium Perfo</i> .....  | .1 to 2 Drams.                   | Hemlock.....                              |
| Boxwood, <i>Cornus Florida</i> .....    | $\frac{1}{2}$ to 2               | Hop, <i>Humulus</i> .....                 |
| Buchu, <i>Barosma</i> .....             | $\frac{1}{2}$ to 2               | Horehound, <i>Marrubium</i> .....         |
| "    Comp.....                          | $\frac{1}{2}$ to 2               | Hydrangea.....                            |
| Buckthorn, <i>Rhamnus</i> .....         | .1 to 1 $\frac{1}{2}$            | Hyoscyamus.....                           |
| Bugle, <i>Lycopus</i> .....             | .1 to 2                          | Ignatia Bean, <i>Ignatia Amara</i> .....  |
| Burdock, <i>Lappa</i> .....             | .1 to 2                          | Indian Hemp, <i>Apocy Cannabis</i> .....  |
| Butternut, <i>Juglans</i> .....         | .1 to 2                          | "    "    F'gn, <i>Cannabis</i> .....     |
| Button Snake Root, <i>Liatris</i> ..... | .1 to 2                          | "    "    White, <i>Asclepias</i> .....   |
| Canella.....                            | .1 to 30 Drops                   | Indian Physic, <i>Gillenia</i> .....      |
| Capsicum.....                           | .1 to 15                         | Ipecac.....                               |
| Catnip, <i>Nepeta</i> .....             | .2 to 4 Drams.                   | "    and Seneka, Jackson.....             |
| Cascarilla.....                         | .20 to 30 Drops.                 | Johnswort, <i>Hypericum</i> .....         |
| Celandine, Great.....                   | .10 to 20                        | Juniper Berries.....                      |
| Chammomile, <i>Anthemis</i> .....       | $\frac{1}{2}$ to 1 Dram.         | Jalap.....                                |
| Cherry Bark.....                        | .2 to 4                          | Ladies' Slipper, <i>Cypripedium</i> ..... |
| "    "    Comp'd.....                   | $\frac{1}{2}$ to 2               | Lettuce, <i>Lactuca</i> .....             |
| Cinchona.....                           | $\frac{1}{2}$ to 1               | Liatris.....                              |
| "    Comp'd.....                        | $\frac{1}{2}$ to 1               | Life Root, <i>Senecio</i> .....           |
| "    Red.....                           | $\frac{1}{2}$ to 1               | Lilly White.....                          |
| "    Calisaya.....                      | $\frac{1}{2}$ to 1               | Liquorice.....                            |
| Cleavers.....                           | .1 to 2                          | Liverwort.....                            |
| Colchicum Root.....                     | .3 to 12 Drops.                  | Lobelia.....                              |
| "    Seed.....                          | .5 to 15                         | "    Comp'd.....                          |
| Colocynth.....                          | .5 to 15                         | Logwood, <i>Hæmatozylon</i> .....         |
| Colombo.....                            | .20 to 60                        | Lovage.....                               |
| Coltsfoot.....                          | $\frac{1}{2}$ to 1 Dram.         | Lungwort.....                             |
| Conium.....                             | .5 to 20 Drops.                  | Male Fern.....                            |
| Comfrey.....                            | .2 to 4 Drams.                   | Mandrake, <i>Podophyllum</i> .....        |
| Cotton Root.....                        | .4                               | "    Comp'd.....                          |
| Cramp Bark.....                         | .1 to 2                          | Marsh Rosemary.....                       |
| Cranesbill, <i>Geranium</i> .....       | $\frac{1}{2}$ to 1               | Matico, <i>Piper August</i> .....         |
| Cubebs.....                             | $\frac{1}{2}$ to 1 $\frac{1}{2}$ | Mugwort.....                              |
| Culver's Root, <i>Leptandria</i> .....  | $\frac{1}{2}$ to 1               | Nux Vomica.....                           |
| Dandelion, <i>Taraxacum</i> .....       | .1 to 2                          | Opium, Aqueous.....                       |
| "    Comp'd.....                        | .1 to 2                          | Orange Peel.....                          |
| "    and Senna.....                     | .1 to 2                          | Orris Root. Used in Compd                 |
| Dwarf Elder.....                        | .1 to 2                          | Paireira Brava.....                       |
| Elder Flowers.....                      | $\frac{1}{2}$ to 1               | Peppermint.....                           |
| Elecampane.....                         | $\frac{1}{2}$ to 1               | Pink Root, <i>Spigelia</i> .....          |
| Ergot, Etherial.....                    | $\frac{1}{2}$ to 1               | "    "    Comp'd.....                     |
| Fern, Sweet.....                        | $\frac{1}{2}$ to 1               | "    "    and Senna.....                  |
| Feverfew.....                           | $\frac{1}{2}$ to 1               | Pleurisy Root, <i>Asclepias</i> .....     |
| Fever bush.....                         | $\frac{1}{2}$ to 1               | Poplar.....                               |
| Fire Weed.....                          | $\frac{1}{2}$ to 2               | Poppy.....                                |
| Foxglove, <i>Digitalis</i> .....        | .5 to 10 Drops.                  | Prickly Ash, <i>Xanthoxylin</i> .....     |
| Frostwort.....                          | .1 to 2 Drams.                   | Prince's Pine, <i>Chimaphila</i> .....    |
| Garget or Poke, <i>Phytolacca</i> ..... | .10 to 30 Drops.                 |                                           |

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|       | Doses.                                      |
|-------|---------------------------------------------|
| 529   | .... 3 to 20 Drops                          |
| Col   | .... $\frac{1}{2}$ to 1 Dram.               |
| son   | .... $\frac{1}{2}$ to 1 "                   |
| Ha    | .... 4 to 12 Drops                          |
| Me    | .... $\frac{1}{2}$ to 1 $\frac{1}{2}$ Drams |
| Ad    | .... $\frac{1}{2}$ to 1 Dram.               |
| Re    | .... $\frac{1}{2}$ to 2 Drams               |
| Ad    | .... $\frac{1}{2}$ to 1 "                   |
| Re    | .... 1 "                                    |
| G.    | .... 4 to 20 Drops                          |
| N.    | .... $\frac{1}{2}$ to 1 Dram.               |
| A.    | .... $\frac{1}{2}$ to 1 "                   |
| lor   | .... 1 to 2 "                               |
| \$6   | .... 10 to 20 Drops                         |
| J.    | .... 5 to 10 "                              |
| A.    | .... 5 to 60 "                              |
| Chi   | .... Ind. 5 to 10 "                         |
|       | .... 20 to 40 "                             |
|       | .... 4 to 12 "                              |
|       | .... 5 Drops to 1 Dram                      |
|       | .... $\frac{1}{2}$ to 1 "                   |
|       | .... $\frac{1}{2}$ to 4 "                   |
|       | .... 1 to 2 "                               |
|       | .... $\frac{1}{2}$ to 1 "                   |
|       | .... $\frac{1}{2}$ to 1 "                   |
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|       | .... 1 to 2 "                               |
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|       | .... $\frac{1}{2}$ to 1 "                   |
|       | .... 2 to 4 "                               |
|       | .... 2 to 3 "                               |
|       | .... 10 Drops to 1 "                        |
|       | .... 10 " to 1 "                            |
|       | .... $\frac{1}{2}$ to 1 "                   |
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|       | .... $\frac{1}{2}$ to 1 "                   |
|       | .... $\frac{1}{2}$ to 2 "                   |
|       | .... 15 to 40 Drops                         |
|       | .... $\frac{1}{2}$ to 2 Drams.              |
|       | .... 20 to 40 Drops.                        |
|       | .... 5 to 15 "                              |
|       | .... 10 to 60 "                             |
|       | .... $\frac{1}{2}$ to 2 Drams.              |
| unds. | .... $\frac{1}{2}$ to 1 Dram                |
|       | .... 1 to 2 "                               |
|       | .... $\frac{1}{2}$ to 1 $\frac{1}{2}$ "     |
|       | .... $\frac{1}{2}$ to 2 "                   |
|       | .... $\frac{1}{2}$ to 1 "                   |
|       | .... $\frac{1}{2}$ to 2 "                   |
|       | .... $\frac{1}{2}$ to 1 "                   |
|       | .... $\frac{1}{2}$ to 1 "                   |
|       | .... 15 to 45 Drops                         |
|       | .... 1 Dram.                                |

## gar-Coated Pills.

### PILLS.

|                                          |                                         |
|------------------------------------------|-----------------------------------------|
| bnitine, $\frac{1}{2}$ gr.               |                                         |
| onité Extract, $\frac{1}{2}$ gr.         |                                         |
| " " $\frac{1}{2}$ gr.                    |                                         |
| " " 1 gr.                                |                                         |
| etic, U. S. P.,                          | { Aloes Socr., 2 gr., }                 |
|                                          | { Soap, 2 gr. }                         |
| es and Assafoetida,                      | { Aloes, }                              |
|                                          | { Assafoetida }                         |
|                                          | { Soap. }                               |
|                                          | { equal parts. 4 grs }                  |
| es and Iron,                             | { Aloes Socr. }                         |
|                                          | { Extract Conium aa 1 part. }           |
|                                          | { Iron, Sulphate }                      |
|                                          | { Ginger, Jamaica 1 part. }             |
| es and Mastich.                          | See Lady Webster's                      |
| es and Myrrh,                            | { Aloes Socr. 2 parts. }                |
| U. S. P.                                 | { Myrrh, }                              |
|                                          | { Saffron aa 1 part. }                  |
|                                          | { 4 grs }                               |
| es and Ext Gentian.                      | See Gentian Comp.                       |
| monum Bromide, 1 gr.                     |                                         |
| erson's, Scots',                         | { Aloes, Socr., }                       |
|                                          | { Soap, }                               |
|                                          | { Colocynth, }                          |
|                                          | { Oil Annis. }                          |
|                                          | { 2 grs. }                              |
| hemis " 2 grs.                           |                                         |
| i-bilious,                               | { Ext. Colocynth, 2 $\frac{1}{2}$ gr. } |
|                                          | { Podophyllin, $\frac{1}{2}$ gr. }      |
| monii Comp., U. S. P.                    | See Calomel Comp.                       |
| cynum, 2 grs.                            |                                         |
| ient,                                    | { Ext. Nux Vomica, $\frac{1}{2}$ gr., } |
|                                          | { Hyoscyamus, $\frac{1}{2}$ gr., }      |
|                                          | { Colocynth Comp. 2 grs }               |
| nous Acid. $\frac{1}{2}$ gr.             |                                         |
| foetida, U. S. P., 4 grs.                |                                         |
| " and Iron,                              | { Assafoetida 2 gr, }                   |
|                                          | { Sulphate Iron 1 gr. }                 |
| " and Rhei,                              | { Assafoetida }                         |
|                                          | { Rhei, }                               |
|                                          | { Iron by Hyd'gn, aa 1 gr }             |
| dia, 3 grs.                              |                                         |
| donna Extract, $\frac{1}{2}$ gr.         |                                         |
| " " $\frac{1}{2}$ gr.                    |                                         |
| " " 1 gr.                                |                                         |
| ath, Subnitrate, 2 grs.                  |                                         |
| Subcarbonate, 3 grs.                     |                                         |
| Pill, U. S. P., 2 $\frac{1}{2}$ grs.     |                                         |
| " " 5 grs.                               |                                         |
| Compound,                                | { Blue Pill 1 gr. }                     |
|                                          | { Opium $\frac{1}{2}$ gr. }             |
|                                          | { Ipecac $\frac{1}{2}$ gr. }            |
| and Podophyllin. See Pod. and Blue Pill. |                                         |
| el, $\frac{1}{2}$ gr.                    |                                         |
| 1 gr.                                    |                                         |
| 2 grs.                                   |                                         |
| 3 grs.                                   |                                         |
| 5 grs.                                   |                                         |
| Compound, (Plummer's), 3 grs.            |                                         |
| and Opium,                               | { Calomel 2 grs. }                      |
|                                          | { Opium 1 gr. }                         |

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Quinine Sulph.,  $\frac{1}{2}$  gr.

" " 1 gr.

" " 2 grs.

" Compound { Quinine Sulph 1 gr.  
Iron by Hydrogen 1 gr }  
Arsenous Acid  $\frac{1}{2}$  gr }" and Ext. Belladonna { Quinine 1 gr  
Ext. Bellad'a  $\frac{1}{2}$  gr, }" and Iron { Quinine 1 gr.  
Iron by Hydrogen 1 gr, }" Iron & Strychnia { Quinine 1 gr.  
Iron Carb. Val'ts 2 grs, }  
Strychnia Sulph.  $\frac{1}{2}$  gr }" Valerianate,  $\frac{1}{2}$  gr.

Guassia Extract, 1 gr.

thei Extract, 1 gr.

" U. S. P. { Rhei 3 grs, }  
Soap 1 gr, }" Compound U. S. P. { Rhei 2 grs,  
Aloes Ext. 1  $\frac{1}{2}$  grs }  
Myrrh " 1 gr,  
Oil Pepp't }" Blue Pill { Rhei  
Blue Pill } 4 grs.  
Soda Carb. }Rheumatic { Ext. Coloc. C. 1  $\frac{1}{2}$  grs.  
" Colchici Acet. 1 gr.  
" Hyoscyam  $\frac{1}{2}$  gr.  
Calomel  $\frac{1}{2}$  gr. }antonin,  $\frac{1}{2}$  gr.anguinaria Ext., (*Bloodroot*),  $\frac{1}{2}$  gr.anguinarin,  $\frac{1}{2}$  gr.

" 1 gr.

arsaparilla, Ext. 3 grs.

avin, Ext., 1 gr.

anna, Alex. Ext., 2 grs.

ap and Opium, 3 grs.

oda, Bi-Carbonate, 4 grs.

quill Compound, U. S. P., 3 grs.

illingin, 1 gr.

rychnia,  $\frac{1}{2}$  gr."  $\frac{1}{2}$  gr."  $\frac{1}{2}$  gr.ramonium Ext.,  $\frac{1}{2}$  gr.

" 1 gr.

rtar Emetic,  $\frac{1}{2}$  gr.

raxacum Ext., 3 grs.

nnin, 1 gr.

iplex { Aloes, Ext. 2 parts. }  
Podophyllin }  
Blue Mass aa 1 }

lerianate Ammonia, 1 gr.

" Iron, 1 gr.

" Morphia,  $\frac{1}{2}$  gr." Quinia,  $\frac{1}{2}$  gr.

" Zinc, 1 gr.

ratria,  $\frac{1}{2}$  gr.ratrum Viride, Ext.  $\frac{1}{2}$  gr." " "  $\frac{1}{2}$  gr.

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